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Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

February 16, 2007

Dear Interested Parties:

**HEALTH CARE OPTIONS PROGRAM REQUEST FOR PROPOSAL (RFP) 06-55000
ADMINISTRATIVE BULLETIN 6, ADDENDUM 5**

Administrative Bulletin Number 6, issued by the California Department of Health Services, Office of Medi-Cal Procurement (OMCP), announces changes and provides information to the Request for Proposal (RFP) Health Care Options (HCO) Program. CDHS provides notification to interested parties of the following:

1. Enclosed you will find official responses to Proposers' questions submitted to OMCP.
2. Addendum 5 incorporates changes to various sections of the RFP; it includes changes to:
 - RFP Main
 - Attachment 18 – Bid Documentation Certification
 - Exhibit A, Attachment I – Takeover
 - Exhibit A, Attachment II – Operations
 - Exhibit A, Attachment III - Turnover
 - Exhibit A, Attachment IV – Additional Contractual Services
 - Exhibit B, Attachment I – Special Payment Provisions
 - Exhibit E – Additional Provisions
 - Appendix 1 - Glossary

These changes are being made to clarify sections in the RFP. With the exception of Exhibit A, Attachment I – Takeover, Exhibit A, Attachment II – Operations, Sections 3 and 10, changes within the documents are indicated as an underline and a strikethrough to denote revisions.

In order to configure the Internet and CD version of the RFP to accurately reflect the current requirements and considerations, remove the existing pages and insert the appropriate replacement pages. The website for the electronic version is www.dhs.ca.gov/omcp.

ONLINE AND CD VERSION

To update the RFP, use the instructions in the following chart. Any changes made to the RFP are published as replacement pages in the RFP.

REMOVE EXISTING PAGES	REPLACEMENT PAGES
RFP Main	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Attachment 18 – Bid Documentation Certification	Modified language.
Exhibit A, Attachment I, Takeover	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit A, Attachment II, Operations, Section 1, Customer Service	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit A, Attachment II, Operations, Section 2, Informing Materials	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit A, Attachment II, Operations, Section 3, Enrollment/Disenrollment Processing	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit A, Attachment II, Operations, Section 4, Quality Management Program	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit A, Attachment II, Operations, Section 6, Reports	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has

REMOVE EXISTING PAGES	REPLACEMENT PAGES
	moved to other pages. This includes the Table of Contents.
Exhibit A, Attachment II, Operations, Section 7, Records Retention	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages.
Exhibit A, Attachment II, Operations, Section 8, Security and Confidentiality	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages.
Exhibit A, Attachment II, Operations, Section 10, Health Plan Enrollment Processing	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit A, Attachment III, Turnover, Section 1.6.2.D	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages.
Exhibit A, Attachment IV, Additional Contractual Services	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit B, Attachment I	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Exhibit E, Additional Provisions	Replace this section in its entirety as there are language and section number modifications throughout entire section. As a result, text has moved to other pages. This includes the Table of Contents.
Appendix 1 - Glossary, pages 12 and 14	Changed and added items to the glossary.

Interested Parties
Page 4
February 16, 2007

Proposers have five (5) working days from the issue of this transmittal to the postmark date of the proposers' response to submit any objections to the Addendum to the address below:

RFP 06-55000 Q & A
Attn: Karissa Kanenaga or Ramonda Ramos
CA Department of Health Services
Office of Medi-Cal Procurement, Mail Station 4200
Health Care Options Program
P.O. Box 997413
Sacramento, CA 95899-7413

Sincerely,

Original signed by *Donna Martinez*

Donna Martinez, Chief
Office of Medi-Cal Procurement

Enclosures

Health Care Options Program



Guiding Californians To A Healthy Future

Request for Proposal 06-55000

Health Care Options Program

California Department of Health Services
Office of Medi-Cal Procurement
MS Code 4200
1501 Capitol Avenue, Suite 71.3041
P. O. Box 997413
Sacramento, CA 95899-7413

Table of Contents

A.	Purpose, Background and Description of Services.....	8
1.	Purpose.....	8
2.	Background.....	8
3.	Business Program Background.....	9
	HCO's Medi-Cal Managed Care's HCO Enrollment & Informing & Enrollment Programs.....	9
	Current Business Process.....	10
B.	Time Schedule	15
C.	Contract Term	16
D.	Proposer Questions	16
1.	What to include in an inquiry	17
2.	Question deadline	18
3.	CDHS Response Timeframes	18
4.	How to submit questions	18
5.	Proposer warning	19
6.	Verbal questions	19
E.	Data Library.....	19
1.	Location.....	20
2.	Appointments	20
3.	Proposer warning	21
4.	Contents.....	21
5.	Obtaining Copies of Library Materials	21
F.	Pre-Proposal Conference.....	21
G.	Reasonable Accommodations	22
H.	Voluntary Letter of Intent and Request for Inclusion on Mailing List	23
1.	Voluntary Letter of Intent – General information	23
2.	Submitting the Letter of Intent	23
3.	Request for Inclusion on Mailing List – General Information.....	23
4.	Submitting a Request for Inclusion on Mailing List	24
5.	Proposer warning	24
I.	Scope of Work.....	24
J.	Qualification Requirements	24
K.	Proposal Format and Content Requirements.....	25
1.	General instructions	25
2.	Format requirements.....	26
3.	Content requirements.....	27
a.	Proposal Cover Page	27

b.	Table of Contents	27
c.	Narrative Proposal Transmittal Letter	27
d.	Executive Summary Section	28
e.	Agency Capability Section.....	28
f.	Management Plan Section	30
g.	Project Personnel Section	31
h.	Facilities and Resources Section	35
i.	Financial Stability Plan Section	36
1)	Basic Content	36
2)	Certification	37
3)	Guaranty Provisions	37
j.	Work Plan section	37
1)	Overview	37
2)	Rejection of Tasks, Activities or Functions	37
3)	Work Plan Content	37
4)	Work Plan Submission Requirements	398
k.	Appendix section	44
l.	Forms section.....	45
L.	Cost Proposal Format and Content Section.....	47
1.	General Instructions	47
2.	Format Requirements	48
3.	Restrictions on Bid Price Forms Using Base Volume Method of Payment (BVMP).....	49
4.	Cost Proposal Bid Price Forms	51
5.	Escrow Bid Documents	54
M.	Proposal Submission	56
1.	General Instructions	56
f.	Proposer warning	56
2.	Proof of timely receipt	57
3.	Proposer costs	57
N.	Evaluation and Selection.....	57
1.	Stage 1 – Required Attachment / Certification Checklist review	57
2.	Stage 2 – Narrative Proposal Evaluation/Scoring	58
3.	Stage 3 - Additional Contractual Services (ACS)	59
4.	Stage 4 - Cost Proposal Evaluation	60
5.	Stage 5 – Determining Cost Proposal Points Earned	61
6.	Stage 6 – Combining Narrative Proposal Score and Cost Section Score	64
7.	Stage 7 – Adjustments to Score Calculations for Bidding Preferences.....	64
8.	Stage 8 – Calculating the Total Proposal Score	64

O.	Narrative Proposal Rating Factors	64
1.	Executive Summary	64
2.	Agency Capability	65
3.	Management Plan	66
4.	Project Personnel.....	66
5.	Facilities and Resources	68
6.	Financial Stability	69
7.	Work Plans	71 9
P.	Bid Requirements and Information.....	94
1.	Nonresponsive proposals.....	94
2.	Proposal modifications after submission	95
3.	Proposal mistakes	95
4.	Withdrawal and/or Resubmission of Proposals.....	95
a.	Withdrawal deadlines	95
b.	Submitting a withdrawal request	95
c.	Resubmitting a proposal.....	95
5.	Contract award and protests	96
a.	Contract award.....	96
b.	Settlement of Ties	96
c.	Protests	97
6.	Disposition of proposals	98
7.	Inspecting or obtaining copies of proposals	99 8
a.	Who can inspect or copy proposal materials.....	99 8
b.	What can be inspected / copied and when.....	99
c.	Inspecting or obtaining copies of proposal materials	99
8.	Verification of Proposer information	100
9.	CDHS rights	100
a.	RFP corrections.....	100
b.	Collecting information from Proposers/Clarification Process	101 9
c.	Immaterial proposal defects	101 9
d.	Correction of clerical and/or mathematical errors.....	101
e.	Right to remedy errors.....	101
f.	No Contract award or RFP cancellation	102
g.	Contract amendments after award	102
h.	Proposed use of subcontractor(s) and/or independent consultant(s).....	102 4
i.	Staffing changes after Contract award	102

Q.	Bidding Certification Clauses	102
	1. Certificate of Independent Price Determination	102
	2. Debarment and Suspension Certification.....	103
	3. Lobbying Restrictions and Disclosure	103
R.	Preference Programs	104
	1. Small Business / Microbusiness Preference	104
	2. Non-Small Business Subcontractor Preference	105
	3. Nonprofit Veteran Service Agency (NVSA) Small Business Preference	105
	4. Target Area Contract Preference Act and Enterprise Zone Act	106 5
	5.. Local Military Base Recovery Area (LAMBRA) Act Preference	107 6
	6. Combine Preferences	107 6
S.	Contract Terms and Conditions	107
	1. Sample Contract forms / exhibits	108
	2. Unanticipated tasks	108
	3. Resolution of language conflicts (RFP vs. final agreement)	108
T.	Required Attachments	

Attachment #	Attachment Name
Attachment 1	Proposal Cover Page
Attachment 2	Required Attachment / Certification Checklist
Attachment 3	Business Information Sheet
Attachment 4	Client References
Attachment 5	RFP Clause Certification
Attachment 6	CCC 1005 - Certification
Attachment 7	Payee Data Record
Attachment 8	Follow-on Consultant Contract Disclosure
Attachment 9	DVBE Instructions / Forms with Attachment 9a, Actual DVBE Participation and Attachment 9b, Good Faith Effort
Attachment 10	Non-Small Business Subcontractor Preference Instructions with Non-Small Business Subcontractor Preference Request (Attachment 10a) and Small Business Subcontractor/Supplier Acknowledgment (Attachment 10b). Use the forms included with the RFP forms.
Attachment 11	Target Area Contract Preference Act (TACPA) Request
Attachment 12	Enterprise Zone Act (EZA) Preference Request

Attachment #	Attachment Name
Attachment 13	Voluntary Letter of Intent
Attachment 14	Request for Inclusion on Mailing List
Attachment 15	Conflict of Interest Compliance Certificate
Attachment 16-1	Takeover Bid Price Form
Attachment 16-2	Operations Bid Price Form - Enrollment/Disenrollment Transactions
Attachment 16-3	Operations Bid Price Form - HCO Informing Packets Mailings
Attachment 16-4	Operations Bid Price Form - Telephone Call Center
Attachment 16-5	Operations Bid Price Form - Medi-Cal Publication Management Services
Attachment 16-6	Hourly Reimbursement Bid Price Form - Enrollment Services Representatives
Attachment 16-7	Turnover Bid Price Form
Attachment 16-8	Consolidated Operations Bid Price Form
Attachment 16-9	Total Bid Price Form
Attachment 16-10.1	Additional Contractual Services Bid Price Form - Review of HCO Informing Materials
Attachment 16-10.2	Additional Contractual Services Bid Price Form - Pro-Active Health Care Choices
Attachment 16-10.3	Additional Contractual Services Bid Price Form - Expedited Health Plan Enrollment
Attachment 16-10.4	Additional Contractual Services Bid Price Form - Medi-Cal Health Managed Care Health Plan Provider Directories
Attachment 16-10.5	Additional Contractual Services Bid Price Form - Initial Health Screen Questionnaire
Attachment 16-10.6	Additional Contractual Services Bid Price Form - Extended Hours of Telephone Call Center Operations
Attachment 16-10.7	Additional Contractual Services Bid Price Form - Voluntary Beneficiary Telephone Call Center Contacts
Attachment 16-11	Additional Contractual Services Bid Price Form – Contractor Proposed
Attachment 17	Cost Proposal Form
Attachment 18	Bid Document Certification
Attachment 19	Small Business Preference

U. Sample Contract Forms / Exhibits

Exhibit #	Exhibit Name
Exhibit A1	Standard Agreement
Exhibit A	Scope of Work
Exhibit A- Attachment I	Takeover
Exhibit A- Attachment II	Operations
Exhibit A- Attachment III	Turnover
Exhibit A- Attachment IV	Additional Contractual Services
Exhibit B	Budget Detail and Payment Provisions
EXHIBIT B – Attachment I	Special Payment Provisions
Exhibit C – View on-line.	General Terms and Conditions (GTC 306). View or download at this Internet site: http://www.ols.dgs.ca.gov/Standard+Language/default.htm]
Exhibit D (F)	Special Terms and Conditions
Exhibit E	Additional Provisions
Exhibit F	Contractor's Release
Exhibit G	Travel Reimbursement Information
Exhibit H	HIPAA Business Associate Addendum

V. Program Appendices

Appendix #	Appendix Name
Appendix 1	Glossary
Appendix 2	Data Library Index
Appendix 3	Data Library Instructions
Appendix 4	Data Library Confidentiality Agreement
Appendix 5	Access to Data Library List of Authorized Personnel
Appendix 6	Driving & Parking Instructions to CDHS/OMCP

A. Purpose, Background and Description of Services

1. Purpose

The California Department of Health Services (CDHS or Department), Office of Medi-Cal Procurement, is soliciting proposals from firms that are able to conduct enrollment broker services for the California Medi-Cal population. Request for Proposal 06-55000 (RFP) solicits proposals for the takeover, operation, and eventual turnover of the California Health Care Options (HCO) Program. This includes the provision of services which the vendor may propose that meet the HCO Program business requirements and performance outcomes that will effectively and efficiently enroll Medi-Cal beneficiaries into, and disenroll them from, managed care plans, while improving services to the Medi-Cal Program beneficiaries, federal and State of California users who access the HCO Program, and other interested parties. Proposals must address all of the services described in Exhibit A entitled, "Scope of Work."

The Office of Medi-Cal Procurement intends to make a single contract award to the most responsive and responsible firm earning the highest score. This procurement is open to all eligible firms and/or individuals that meet the qualification requirements, including commercial businesses, nonprofit organizations, State or public universities (including auxiliary organizations) and other entities.

2. Background

General Information

In July 1965, amendments authorizing the creation of the Medicare and Medicaid programs were added to the federal Social Security Act. Titles XVIII and XIX of the Act contained the Medicare and Medicaid amendments, respectively. The Medicaid program was established to provide federal matching funds to the states for the provision of health care to low-income individuals for whom other forms of health insurance were unavailable. California passed legislation authorizing the creation of a Title XIX program in November 1965 and in March 1966 California's Medicaid program, known as "Medi-Cal," went into operation.

Prior to the creation of Medi-Cal, Californians who were unable to pay for health care received services through a variety of programs administered by their various counties. At first, Medi-Cal began augmenting these programs by providing recipients of public assistance with a single statewide source of limited medical and dental care.

In the years since its inception, Medi-Cal has expanded significantly, both in terms of the scope of services it offers, and the population groups it serves. By 1971, growing caseloads, service utilization rates, and hospital costs had fueled a steep rise in the cost of the program. The California legislature responded by passing the Medi-Cal Reform Plan (MRP) in October 1971 (Chapter 577, Statutes of 1971). This Statute authorized the development of an equitable statewide eligibility system, a uniform schedule of benefits, a strong system of utilization and quality controls, and improvements in the program's health care delivery and financing.

Despite the improvements brought about by the MRP, the need for cost containment and improved access and quality controls continued, leading to the eventual replacement of the traditional fee-for-service (FFS) delivery system with managed care systems in sixteen (16) of California's most populous counties.

Medi-Cal now provides more than twenty percent (20%) of California's residents with a broad scope of health care services through an extensive network of public and private health care providers. County hospitals and health systems, academic medical centers, community clinics, nursing homes, physicians, dentists, and a broad spectrum of home and community-based providers serve the State's Medi-Cal beneficiaries. These services are available to a wide range of low-income Californians, regardless of whether they receive other forms of public assistance. More than half of the program's funds are used to provide services to the elderly and disabled, and to Californians who do not receive other forms of public assistance. Despite its continued growth, the primary goal of the Medi-Cal program has remained unchanged: the provision of health care services to those with no alternative sources of coverage. Medi-Cal is funded through matching State and federal revenues.

The CDHS Medi-Cal Managed Care Division (MMCD) and Medi-Cal Dental Services Branch (MDSB) set policies based on mandated relevant State and federal legislation and regulation and are responsible for the overall management of medical and dental health plans respectively. The HCO Section provides oversight for the Contractor performing Medi-Cal enrollment services for Medi-Cal Managed Care and Dental Managed Care.

3. Business Program Background

Medi-Cal Managed Care's HCO Informing & Enrollment Program

The HCO Program was created in response to various State and federal mandates requiring either the State itself, or an entity under contract with the State, to provide Medi-Cal beneficiaries, residing in certain Medi-Cal managed care service areas, with full and objective information about the health care options available to them. The State, or its Contractor, was also required to process enrollment and disenrollment transactions for the managed care health plans in these service areas.

The Medi-Cal Managed Care Program is currently delivered through three (3) primary managed care models, two of which are served by the HCO Program: the Two-Plan Model and the Geographic Managed Care (GMC) Model. The third model, County Organized Health System (COHS) is not served by the HCO Program.

Two-Plan Model: In a two-plan county, one managed care plan is locally developed, known as a Local Initiative (LI), and the other is a private sector managed care plan, known as a Commercial Plan (CP). Medi-Cal beneficiaries who receive public assistance through, or are linked to the California Work Opportunity and Responsibility to Kids (CALWORKs) program, must enroll in either the LI or the CP. Other categories of beneficiaries, such as Seniors and Persons with Disabilities (SPDs), may enroll voluntarily. The State pays for the services provided by the LI and the CP through a capitated rate system (per member per month). Twelve (12) of California's Medi-Cal managed care counties currently operate under the Two-Plan model.

GMC: Under the GMC model, the State contracts with a varied number of commercial managed care plans to serve a specific geographic region and pays for services those plans provide on a capitated basis. Plans negotiate their contracts with the California Medical Assistance Commission (CMAC). Beneficiary enrollment in a plan is mandatory for the CALWORKs and CALWORKs linked population. Other categories of Medi-Cal beneficiaries, including SPDs, may voluntarily enroll into these plans. GMC programs have been implemented in Sacramento County (1994) and San Diego County (1998).

Special Project Plans: Medi-Cal beneficiaries are also served by several smaller specialized plans which are tracked within the HCO Program. These include Prepaid Health Plans (PHPs), Primary Care Case Management systems (PCCMs), and plans designated as special projects.

Regardless of model type, providers must have a contract with a Medi-Cal health plan, as part of the provider network, before they can serve Medi-Cal managed care beneficiaries. Certain services however, can be provided outside of the Medi-Cal health plan such as emergencies, family planning, and mental health.

COHS: Under the COHS model, which was established in 1982, enrollment in a county-run managed care plan is mandatory for the Medi-Cal population residing in that county. Because the county-operated plan is the only managed care plan available in a COHS county, Medi-Cal and COHS enrollment occurs concurrently in these counties. Counties negotiate their COHS contracts with the CMAC and are paid on a capitated basis. The COHS model counties are not included in the HCO Program.

The CDHS, one of the California Health and Human Services Agency departments, administers the Medi-Cal Managed Care Program. The CDHS, Medi-Cal Managed Care Program is responsible for Medical Care Services (MCS). Medi-Cal managed care policy is administered through the Medi-Cal Managed Care Division (MMCD) and the Medi-Cal Dental Services Branch (MDSB). The Health Care Options Program supports the Medi-Cal managed care informing and enrollment/disenrollment functions with policy guidance from MMCD and MDSB. This section is also responsible for the day-to-day administration and oversight of the current enrollment contractor. The HCO Section reports to the Payment Systems Division (PSD), one of five MCS divisions.

Medi-Cal enrollment has and will continue to increase as California's population grows. Managed care enrollment will also increase proportionally, placing a larger workload on the HCO Program and supporting systems. Enrollment of beneficiaries into the Medi-Cal Managed Care Program improves access to care and ensures quality health care and better health outcomes. Managed care enrollment will also increase as additional counties convert to the Medi-Cal Managed Care Program. As managed care enrollment continues to increase due to the addition of more counties to the program and an increase in the State's population, HCO Program informing and enrollment/disenrollment responsibilities will increase proportionally.

Current Business Process

The HCO Program business processes are currently supported by the incumbent enrollment contractor's proprietary systems. Under the approach used in the current contract, the incumbent contractor performs functions in the manner described below. The Internal Operations/Administration Unit, External Operations Unit, and Systems Support Unit of the HCO Section oversee tasks within each of the following core business processes:

Eligibility Information Processing

The Medi-Cal Eligibility Data System (MEDS) triggers the automated enrollment process supported by the current enrollment contractor. MEDS is a system operated and maintained by the CDHS Information Technology Services Division (ITSD) to provide a central database of all beneficiaries enrolled in California's health and welfare programs.

On a daily basis, MEDS generates a “daily eligibles file” of beneficiaries who are determined to be eligible for managed care (sometimes referred to as “newly eligible”) based on county code, aid code, eligibility status, address and other health coverage codes. County eligibility workers enter this data into MEDS. The enrollment contractor system receives the file nightly from ITSD.

On a monthly basis, MEDS generates a “reconciliation file” of existing Medi-Cal beneficiaries, which is used to synchronize MEDS and the enrollment contractor system beneficiary data.

Informing Process

The current enrollment contractor is responsible for providing information to applicants/beneficiaries to assist them in making an informed managed care health plan choice. After delivering the appropriate notification to eligible beneficiaries, the current enrollment contractor offers an HCO Program information presentation for applicants and beneficiaries in each designated region in the Two-Plan and GMC counties. All eligible beneficiaries within managed care counties are sent a description of their enrollment choices, if they have not made an enrollment choice. In addition, enrolled beneficiaries affected by changes (such as county or aid code) that impact their current enrollment must be notified of the change and their new enrollment choices. The enrollment contractor performs an evaluation of each beneficiary to determine the type of notification to be sent, based on aid code, zip code, language and county code. For example, aid code indicates whether the beneficiary is mandatory or voluntary for enrollment, while county code indicates health plans that are available to the beneficiary.

Enrollment Process

The beneficiary completes a Medi-Cal Choice form and submits it to the enrollment contractor Enrollment Service Representative (ESR), or mails it to the current enrollment contractor. ESRs forward the forms to the enrollment contractor for enrollment processing.

Beneficiaries with mandatory aid codes have forty-five (45) calendar days from the mailing date to respond to the initial notification (Intent to Assign packets) of enrollment status. An “Intent to Default” letter is system generated and sent to the beneficiary, with a mandatory aid code, if no response is received after thirteen (13) calendar days. This letter reminds the beneficiary to make a plan choice or one will be assigned on a specified date. If beneficiaries do not select a plan by the forty-fifth (45th) calendar day, they are assigned (or defaulted) to a health plan.

Enrollment requests are processed within the required contractual timeframes to ensure the proper enrollment of the beneficiary. The enrollment contractor sends a daily transaction file to MEDS so that affected MEDS records can be updated with the new HCO Program enrollment status.

Upon completion of enrollment processing, the final outcome is to be reported to the beneficiary. Beneficiaries enrolled into plans receive a system-generated confirmation letter indicating health plan enrollment status. Beneficiaries who are denied enrollment receive a denial letter indicating the reason for denial. If the Medi-Cal Choice Form is found to be incomplete and/or inaccurate, the beneficiary receives a letter indicating the errors or omissions found during processing, and an explanation of how to correct the problem. Most health plans are notified on a weekly basis of the enrollments through official notification to

all plans via the Fiscal Intermediary Access to MEDS (FAME) file, created at ITSD, which holds the enrollment status data.

Annually, the enrollment contractor sends managed care information to mandatory, voluntary, and FFS beneficiaries regarding their health care options and the plan choices available.

Disenrollment Process

Disenrollment is defined as a method used to terminate a beneficiary's enrollment in a managed care plan(s) which is received into the Contractor's process for performing enrollment activities and then received and accepted by the Medi-Cal Eligibility Data System (MEDS). The HCO Contractor is tasked with disenrolling members of health plans according to the regulations applicable to the beneficiary aid code assigned to them. Beneficiary disenrollment requests are submitted by:

- Beneficiaries or authorized representatives using a Medi-Cal Choice Form
- MMCD, MDSB or authorized representative using an internal request form, memo or e-mail
- MEDS via the daily eligibility file or the monthly reconciliation file
- Providers via a medical or non-medical exemption request

Disenrollment requests are forwarded to the enrollment contractor for processing in the four main formats listed above. The enrollment contractor reviews the disenrollment requests for accuracy and completeness. Disenrollment requests are processed within the required contractual timeframes to ensure the timely disenrollment of the beneficiary.

Upon completion of processing, the beneficiaries are notified in writing of the disposition of their disenrollment request. The health plans are notified of the disenrollments on a weekly basis.

Exemption Process

Mandatory beneficiaries meeting specific criteria may request an exemption to plan enrollment for up to twelve (12) months for medical and up to twenty-four (24) months for dental coverage allowing them to remain in the FFS program. For non-medical exemptions (such as Indian Health and Waiver programs), approved exemptions allow the beneficiary to receive services from the applicable program or service (such as Indian Health Facilities) via the FFS program.

The beneficiary initiates the exemption process by completing the beneficiary portion of the exemption form and forwards it to the FFS provider for completion. This form is provided in the enrollment packet or requested via phone. Exemption forms are also used to request an extension of an approved exemption. All exemption forms are received by the enrollment contractor via facsimile or mail from FFS physicians (including dentists) and hospitals/clinics.

The HCO Contractor manually reviews all forms submitted to ensure legibility and completion of required information as well as to verify the beneficiary's eligibility and the validity of the FFS provider (i.e., the provider must be authorized to offer Medi-Cal FFS services).

Completed requests for exemption are reviewed against Department requirements for exemption consideration. Programs (such as MMCD for medical, MDSB for dental) are responsible for reviewing the majority of exemption requests. The review process considers all applicable Department-defined criteria to render a final outcome of approval or denial.

If a beneficiary's exemption request is denied, the beneficiary is required to either choose a health care plan to join or, if the beneficiary is already a member of a health care plan, is required to remain in managed care.

For each exemption request, the beneficiary, provider, and health plan is notified of the final outcome and MEDS is updated as well.

State Fair Hearings

Medi-Cal applicants and beneficiaries have the right to request a hearing if they are dissatisfied with any action or inaction by a county, the Department, or any person or organization acting on behalf of the county or the Department relating to Medi-Cal eligibility or benefits. The Office of the Ombudsman (for medical) and Beneficiary Services (for dental) are the primary organizations responsible for researching and investigating these claims. They attempt to resolve the claim prior to the State Fair Hearing but if unsuccessful they compile appropriate documentation for the hearing, represent the Department at the hearing, and ensure all appropriate actions are taken as a result of the hearing outcome.

The HCO Contractor supports the State Fair Hearing process by providing supporting documentation to the Office of the Ombudsman and to Beneficiary Services. The supporting documentation assists staff in completing their position statements for the hearing. It is essential that these requests are completed in a timely manner and provide the most complete and accurate picture of all information known about the applicant/beneficiary's managed care involvement. This information is critical to ensuring that the Department presents an accurate case associated with the applicant/beneficiary.

Informing Materials Control Binders Process

The Informing Materials Control Binders system is a manual business process that maintains the most current copy and a list, identified as the Table of Contents (TOC), of all informing materials approved by HCO Section. Informing materials are written documents used for communication to applicants/beneficiaries about the Medi-Cal Managed Care Programs (e.g. informing booklets, choice forms, exemption request forms, and letters.). The most current approved informing materials and TOC are controlled documents and are kept in control binders.

Control binders contain the current informing materials in all approved threshold languages. The enrollment contractor is responsible for maintaining and updating the control binders and the control TOC within one business day following implementation of a change to any informing document. A log is used to record and validate updates to the control binders and the TOC. This log is called the Revision History Log.

Telephone Call Center

The Telephone Call Center (TCC) is a centrally located call center staffed with the enrollment contractor's TCC staff, who accept toll-free calls from applicants, beneficiaries, and other interested parties seeking enrollment information and assistance. The TCC staff also receives customer complaints that, if not resolved, are forwarded to the enrollment contractor Research Unit for resolution, or to the Office of the Ombudsman at CDHS, if necessary. Health plans and providers also contact the Telephone Call Center to obtain various types of information.

Reports

The current enrollment contractor generates system and manually created reports for the HCO Section. There are many processes used to retrieve data from the current enrollment systems.

Miscellaneous Systems Functions

There are a number of additional sub-processes that support the core business processes, including the following:

- Problem Correction System
- Document Management System
- Mail House
- Mailroom
- Invoicing
- Research
- Quality Assurance
- Records Retention
- Training

Programmatic Issues

The CDHS will require the selected Contractor to meet or exceed the business and performance requirements appearing in this RFP. Based on historic trends, the CDHS anticipates that the Contractor will be called upon to revise and expand the services it provides over the life of this Contract. As this RFP is being prepared, the CDHS is developing options for expanding Medi-Cal managed care services to possibly 13 additional counties and a larger population of Medi-Cal beneficiaries.

It is important that the selected Contractor have the capability to not only meet the current needs and business requirements of California's Medi-Cal Managed Care Program, but also be sufficiently flexible to meet future needs and business requirements as they are identified. Since quality is of paramount importance to the CDHS, the selection of the Contractor during this procurement will be based on a scoring approach in which price alone will not determine the highest score obtained. The ability to revise or expand HCO Operations efficiently, implement innovative informing strategies and increase pro-active health care choices, improve effectiveness of proposed quality assurance and problem correction processes, as well as other factors, will also be considered.

A number of innovative features are included in the RFP. It is therefore critical that prospective bidders carefully read, study, analyze, and understand all sections and provisions of the RFP. Although the entire RFP is critical, the main departures from the current HCO contract occur in the following areas:

Medi-Cal Expansion

The current HCO contractor is responsible for 18 service areas: 14 2-Plan and GMC counties, 2 voluntary counties and two "carved-out" areas. Some degree of expansion of the Medi-Cal Managed Care program will take place during the term of this Contract thus requiring an increase in HCO Program activities.

Payment Provisions

The payment provisions in this Contract will be structured to accommodate a changing and expanding Medi-Cal Managed Care Program. Bidders will be required to submit pricing schedules covering a wide range of operational capacities over the life of the Contract. These schedules will reduce or eliminate the need for price negotiations for HCO Operations expansions or contractions within the bid range. This will make it possible for the Contractor to respond much more quickly to the CDHS need to revise and expand (or contract) the Medi-Cal Managed Care HCO Operations.

Compliance with the Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) promulgated specific standards for Electronic Data Interchange (EDI), uniform national health data and health information privacy and security standards, which apply to the Medi-Cal Program. The Contractor's Health Plan Enrollment (HPE) Process must be fully compliant with all HIPAA regulations which apply to the HCO Program. As new HIPAA regulations affecting the HCO Program are finalized (such as the National Provider Identifier (NPI)), the Contractor's HPE Process must become compliant. In addition, the Contractor may be required to assess and certify that its HCO Operations are HIPAA-compliant on an annual basis.

Document Management Process

The Contractor will be required to fully implement a document management process to house all documents related to this Contract. These documents must be accessible from multiple locations throughout the State by all authorized CDHS and Contractor users within the specified performance requirements.

Quality Assurance Management

The Contractor will be required to develop and implement quality assurance (QA) procedures covering all HCO operational areas. All QA procedures must be consistent with current industry standards, and must be implemented by an independent division of the Contractor that is organizationally independent from the operational areas it evaluates. The CDHS will closely oversee the Contractor's QA processes, and will make full invoice payment contingent upon the Contractor's success at meeting all established QA performance measures.

Health Plan Enrollment Process

If the Contractor implements an HPE Process which uses available, non-proprietary enabling technologies, the Contractor will own and operate the HPE Process throughout the term of the Contract and will retain ownership following Contract expiration. Whether an enabling technology is proposed and accepted or not, the HPE Process shall be designed to allow CDHS staff and other users the most complete access possible, to capture and retain detailed beneficiary status information throughout the term of the Contract, and to provide CDHS staff with flexible, easy-to-use reporting and information access.

B. Time Schedule

Below is the tentative time schedule for this procurement.

Event	Date	Time (If applicable)
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Event	Date	Time (If applicable)
RFP Released	December 21, 2006	
Questions Due	January 8, 2007	4:00 p.m.
Voluntary Pre-Proposal Conference	January 17, 2007	1:30
Voluntary Letter of Intent and Request for Inclusion on Mailing List	January 19, 2007	4:00 p.m.
Proposal Due Date	April 6 March 9 , 2007	4:00 p.m.
Notice of Intent to Award Posted	June 28, 2007	
Protest Deadline	July 6, 2007	5:00 p.m.
Contract Award Date	July 30, 2007	
Proposed Start Date of Agreement	January 1, 2008	

C. Contract Term

The term of the Contract shall be up to fifty-seven (57) months. CDHS expects this Contract to begin with Takeover activities starting January 1, 2008. HCO Operations are anticipated to begin on October 1, 2008, with Contract termination scheduled for September 30, 2012. The first (1st) phase of the Contract will begin October 1, 2008, and end June, 30, 2009, with the following three (3), one (1) -year phases to extend through September 30, 2012.

CDHS may extend the Operations phase using up to three (3), one- (1) year optional extension phases. CDHS retains the option to extend the Contract between six (6) and twelve (12) months following the three (3), one (1) -year optional extension phases, during an Extended Operations Period. The Contract may be extended using any combination of the three (3), one (1) -year optional extension phases at one time.

The agreement term may change if CDHS makes an award earlier than expected or if CDHS cannot execute the agreement in a timely manner due to unforeseen delays.

The resulting Contract will be of no force or effect until it is signed by both parties and approved by the Department of General Services, if required. The Contractor is hereby advised not to commence performance until all approvals have been obtained. If performance commences before all approvals are obtained, the CDHS will construe those services as having been volunteered.

D. Proposer Questions

Immediately notify CDHS if clarification is needed regarding the services sought or questions arise about the RFP and/or its accompanying materials, instructions, or requirements. Put the

inquiry in writing and transmit it to CDHS as instructed below. At its discretion, CDHS reserves the right to contact an inquirer to seek clarification of any inquiry received.

Proposers that fail to report a known or suspected problem with the RFP and/or its accompanying materials or fail to seek clarification and/or correction of the RFP and/or its accompanying materials shall submit a proposal at their own risk.

In addition, if awarded the contract, the successful proposer shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, or error.

If an inquiry appears to be unique to a single firm or is marked "Confidential", CDHS will mail, e-mail or fax a response only to the inquirer if CDHS concurs with the Proposer's claim that the inquiry is sensitive or proprietary in nature. If CDHS does not concur, the inquiry will be answered in the manner described herein and the Proposer will be so notified. Inquiries and/or responses that CDHS agrees should be held in confidence shall be held in confidence only until the Notice of Intent to Award is posted.

To the extent practical, inquiries shall remain as submitted. However, CDHS may consolidate and/or paraphrase similar or related inquiries.

1. What to include in an inquiry

- a. Inquirer's name, name of firm submitting the inquiry, mailing address, email address, area code and telephone number, and fax number.
- b. A description of the subject, or issue in question, or discrepancy found.
- c. RFP section, page number or other information useful in identifying the specific problem or issue in question.
- d. Remedy sought, if any.
- e. Format your inquiries as follows:

RFP Reference	Section	Page Number	Question
Example: Use "General" if a general question or "RFP" if the question deals with a section within the RFP or "Exhibit A", "Exhibit A, Att I", "Exhibit B", "Exhibit B, Att I", "Attachment 1", etc.	Indicate the section number or letter along with subsection or paragraph site identifiers	Example: 27 of 89	

A prospective proposer that desires clarification about specific RFP requirements and/or whose inquiry relates to sensitive issues or proprietary aspects of a proposal may submit individual inquiries that are marked "Confidential". The Inquirer must include with its inquiry an explanation as to why it believes questions marked "Confidential" are sensitive or surround a proprietary issue.

2. Question deadline

Proposers are encouraged to submit written inquiries about this RFP to CDHS no later than two (2) working days before the Pre-Proposal Conference date so answers can be prepared in advance. Notwithstanding the initial question submission deadline, CDHS will accept mailed or faxed inquiries received by **4:00 p.m. on January 8, 2007**. At its discretion, CDHS may contact an inquirer to seek clarification of any inquiry received.

Notwithstanding the initial question submission deadline, CDHS will accept questions or inquiries about the following issues if such inquiries are received prior to the proposal submission deadline.

- a. DVBE participation requirements and how to complete the DVBE attachments,
- b. The reporting of RFP errors or irregularities.

3. CDHS Response Timeframes

- a. The Office of Medi-Cal Procurement (OMCP) will respond to all written questions received via Administrative Bulletin. After that date, OMCP will respond only to written questions related to administrative bulletins or RFP addenda issued by OMCP or to written questions related to the issues set forth in the immediately preceding section 2. Written questions falling into these categories shall be answered in writing via the administrative bulletin process. Written questions related to administrative bulletins and/or RFP addenda received by the OMCP shall be governed by Paragraph b, below.
- b. If CDHS transmits administrative bulletins and/or RFP addenda by regular mail, Proposers will have eight (8) business days, after the day of mailing, to submit additional clarification questions. However, if CDHS elects to transmit the administrative bulletins and/or RFP addenda by fax or overnight mail, Proposers will have five (5) business days, after the day of faxing or overnight mailing, to submit additional clarification questions. These questions must be submitted by facsimile or electronic mail.
- c. All administrative bulletins will state the question followed by CDHS' response, but not reveal the identity of the entity asking the question. Each bulletin and addendum will be assigned a number and will be mailed to those entities that have submitted a Request for Inclusion on Mailing List form (Attachment 14) and will also be posted on the OMCP's Web site at <http://www.dhs.ca.gov/mcs/omcp>. If a Proposer has not submitted a Request for Inclusion on Mailing List form, it is the Proposer's sole responsibility to remain informed of the content and requirements contained in bulletins and/or addenda.
- d. Administrative bulletins, once issued, become part of the RFP and must be read in conjunction with, and as part of, the complete document.
- e. Official CDHS responses are only those answers to questions and that are in writing and signed by the Chief of the Office of Medi-Cal Procurement or his/her designee. Any oral or informal inquiries, and any oral response or comment made thereto, will not in any way bind or obligate CDHS or otherwise extend any deadline in the procurement process.

4. How to submit questions

Submit inquiries using one of the following methods:

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Questions RFP 06-55000 California Department of Health Services Office of Medi-Cal Procurement Karissa Kanenaga/Ramonda Ramos MS 4200 1501 Capitol Avenue, 3rd Floor P.O. Box 997413 Sacramento, CA 95899-7413	Questions RFP 06-55000 California Department of Health Services Office of Medi-Cal Procurement Karissa Kanenaga/Ramonda Ramos Fax: (916) 440-7369

Proposers submitting inquiries by fax are responsible for confirming the receipt of all faxed materials by the question deadline.

Call Karissa Kanenaga/Ramonda Ramos at (916) 552-8006 to confirm faxed transmissions.

5. Proposer warning

Proposers are responsible for ensuring that submissions are received by the OMCP itself by the deadline set forth above. Delivery to a Division, Branch, Section, Unit, Office, or area of CDHS other than OMCP shall not constitute receipt by OMCP. Note the following information regarding deliveries of submissions:

- a. CDHS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If questions are mailed, consider using certified or registered mail and request a receipt upon delivery.
- b. For hand deliveries, allow sufficient time to locate on street metered parking and to sign-in at the security desk. Ask security personnel to call Karissa Kanenaga/Ramonda Ramos at (916) 552-8006 to arrange for pickup and receipt issuance by OMCP staff. Please refer to Appendix 6 for a map of the delivery location.
- c. Due to parking restrictions at this location, express delivery companies (Fed Ex, UPS, DHL, etc.) deliver to the building's loading dock area. CDHS' internal processing of express deliveries may add 24 hours or more to the delivery time, and should be considered when determining your shipping date and time.

6. Verbal questions

Verbal inquiries are discouraged. CDHS reserves the right to not accept or respond to verbal inquiries. **Spontaneous verbal remarks provided in response to verbal inquiries are unofficial and are not binding on CDHS unless later confirmed in writing.**

Direct all verbal requests for DVBE assistance to CDHS' DVBE Coordinator at (916) 650-0205 up to the proposal deadline.

E. Data Library

A Data Library for the sole use of proposers will be established on December 21, 2006. The Data Library will be accessible by appointment on State working days, Monday through Friday from 8:00 a.m. to noon, and 1:00 p.m. to 4:00 p.m. Access to the Data Library is restricted to authorized proposers and/or their authorized representatives who have established an advance appointment through the process described below.

Prior to appointment date to access the data library, the proposer will need to return the necessary completed forms, that outline the policies and requirements for using the Data Library, which can be found in the Appendix section of the RFP. These include:

- a. Data Library Confidentiality Agreement
- b. Access to the Data Library List of Authorized Personnel

Once OMCP receives the Data Library Confidentiality Agreement and List of Authorized Personnel, OMCP staff will confirm the appointment date and time with the Proposer. Please refer to Appendix 3, Data Library Instructions.

1. Location

CDHS will maintain the Data Library at the following location:

Office of Medi-Cal Procurement
1501 Capitol Avenue, 3rd Floor
Sacramento, CA 95814

For a map and directions see Appendix 6.

2. Appointments

Appointments to access the Data Library may be arranged by contacting the Office of Medi-Cal Procurement in writing. Include the following information in your appointment request:

- a. Name of requester
- b. Title of requester
- c. Firm represented
- d. Telephone number
- e. Fax number
- f. Email address, if applicable
- g. Desired date of visit
- h. Desired time of visit

Submit appointment requests using one of the following methods:

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Library Appointment RFP 06-55000 California Department of Health Services Office of Medi-Cal Procurement MS 4200 Karissa Kanenaga/Ramonda Ramos 1501 Capitol Avenue, Suite 71.3041 P.O. Box 997413 Sacramento, CA 95899-7413	Library Appointment RFP 06-55000 California Department of Health Services Office of Medi-Cal Procurement Karissa Kanenaga/Ramonda Ramos Fax: (916) 440-7369
E-mail: omcprfp0@dhs.ca.gov	

3. Proposer warning

- a. CDHS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If the appointment request is mailed, consider using certified or registered mail and request a receipt upon delivery.
- b. For hand deliveries, allow sufficient time to locate on street metered parking and to sign in at the security desk. Ask security personnel to call Karissa Kanenaga/Ramonda Ramos at (916) 552-8006 to arrange for appointment request pickup and receipt issuance by OMCP staff (if requested by the proposer). Please refer to Appendix 6 for a map of the delivery location.
- c. Due to parking restrictions at this location, express delivery companies (Fed Ex, UPS, DHL, etc.) deliver to the building's loading dock area. CDHS' internal processing of express deliveries may add 24 hours or more to the delivery time, and should be considered when determining your shipping date and time.

4. Contents

The Data Library contains various documentation and information that proposers will find beneficial in the preparation of their proposal responses. The contents of the Data Library may be found in Appendix 2, Health Care Options Data Library Index.

Data Library materials may be periodically updated and additional documents may be added. Proposers that have requested access to the Data Library, will be notified of the additions and/or changes by way of written notice

5. Obtaining Copies of Library Materials

Some Data Library documentation will be available, upon written request, to be reproduced on site. See Health Care Options Data Library Index (Appendix 3). Most of the data library materials are available on CD(s). Upon request, the OMCP will provide a copy of the CD(s), however, the requestor will be required to submit blank CD's to the OMCP. Once recorded, the CD(s) will be returned to the requestor for use. Hard copied materials are available by appointment only. Please refer to Appendix 3, Data Library Instructions for instructions on how to obtain copies of hard copies materials.

To obtain documents issued by other government agencies, Proposers should contact those agencies directly. Examples of documents from other government agencies that Proposers may find helpful include California Legislative or Control Agency Reports.

F. Pre-Proposal Conference

CDHS will conduct a voluntary Pre-Proposal Conference in Sacramento on January 17, 2007 beginning at 1:30 pm at the following location:

California Department of Health Services Auditorium
1500 Capitol Avenue, 1st Floor Auditorium
Sacramento, CA 95814

Prospective proposers that intend to submit a proposal are encouraged to attend the voluntary Pre-Proposal Conference. It shall be each prospective proposer's responsibility to attend the Pre-Proposal Conference promptly at 1:30 pm. CDHS reserves the right not to repeat information for participants that join the conference after it has begun.

If a potential prime contractor is unable to attend the voluntary Pre-Proposal Conference, an authorized representative of its choice may attend on its behalf. The representative may only sign-in for one potential prime contractor. Subcontractors may represent a potential prime contractor at the voluntary Pre-Proposal Conference.

The voluntary Pre-Proposal Conference is a public event or meeting and anyone can attend.

The purpose of the conference is to:

1. Allow prospective proposers to ask questions about the services sought or RFP requirements and/or instructions.
2. Share the answers to general questions and inquiries received before and during the conference.

Spontaneous verbal remarks provided in response to questions/inquiries at the conference are unofficial and are not binding on CDHS unless later confirmed in writing.

Carefully review this RFP before the conference date to become familiar with the qualification requirements, scope of work and proposal content requirements. Conference attendees are encouraged to have their copy of this RFP available for viewing during the conference.

Refer to the RFP section entitled, "Proposer Questions" for instructions on how to submit written questions and inquiries before the conference date.

If CDHS is unable to respond to all inquiries received before and/or during the conference, CDHS will provide written answers shortly thereafter. CDHS reserves the right to determine which inquiries will be answered during the conference and which will be answered later in writing.

After the conference, CDHS will summarize all general questions and issues raised before and during the conference and mail or fax the summary and responses to all persons who have submitted a Request for Inclusion on Mailing List and to those who attended/participated in the conference. If an inquiry appears to be unique to a single firm or is marked "Confidential", CDHS will mail or fax a response only to the inquirer if CDHS concurs with the Proposer's claim that the inquiry is sensitive or proprietary in nature. If CDHS does not concur, the inquiry will be answered in the manner described herein and the Proposer will be so notified. Inquiries and/or responses that CDHS agrees should be held in confidence shall be held in confidence only until the Notice of Intent to Award is posted.

To the extent practical, inquiries shall remain as submitted. However, CDHS may consolidate and/or paraphrase similar or related inquiries.

Conference attendees are responsible for their costs to attend/participate in the conference. Those costs cannot be charged to CDHS or included in any cost element of the Proposer's Cost Proposal.

G. Reasonable Accommodations

For individuals with disabilities, the Department will provide assistive services such as sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of Pre-Proposal Conference handouts, Request for Proposal, questions/answers, RFP Addenda, applicable library materials, or other Administrative Notices into Braille, large print, audiocassette, or computer disk. To request such services or copies in an alternate format, please call the telephone number below no later than January 3, 2007 to arrange for reasonable accommodations.

Karissa Kanenaga/Ramonda Ramos
 Office of Medi-Cal Procurement
 Program Telephone Number (916) 552-8006
 (TTY) California Relay telephone number 711-1-800-735-2929

NOTE: The range of assistive services available may be limited if requests are received less than ten CDHS working days prior to the conference date or prior to the date the alternate format material is needed.

H. Voluntary Letter of Intent and Request for Inclusion on Mailing List

1. Voluntary Letter of Intent – General information

Prospective proposers are asked to voluntarily indicate either their intention to submit a proposal or to indicate the reason(s) for not submitting a proposal. Failure to submit a Letter of Intent will not affect the acceptance of any proposal. The Letter of Intent is not binding and prospective proposers are not required to submit a proposal merely because a Letter of Intent is submitted. **Use the Letter of Intent (Attachment 13) for this purpose.**

2. Submitting the Letter of Intent

Regardless of delivery method, the Voluntary Letter of Intent must be received by **4:00 p.m.** on January 19, 2007.

Submit the Letter of Intent using one of the following methods.

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Letter of Intent RFP 06-55000 California Department of Health Services Office of Medi-Cal Procurement MS 4200 Karissa Kanenaga/Ramonda Ramos 1501 Capitol Avenue, 3rd Floor P.O. Box 997413 Sacramento, CA 95899-7413	Letter of Intent RFP 06-55000 California Department of Health Services Office of Medi-Cal Procurement Karissa Kanenaga/Ramonda Ramos Fax: (916) 440-7369

Proposers transmitting a Letter of Intent by fax are responsible for confirming the receipt of the faxed Letter of Intent by the stated deadline.

Call Karissa Kanenaga/Ramonda Ramos at (916) 552-8006 to confirm faxed transmissions.

3. Request for Inclusion on Mailing List – General Information

CDHS recognizes that not all Interested Parties will want to continue receiving updates concerning this RFP. In addition, printing and mailing updates to all interested parties on the mailing list is costly to CDHS. Therefore, please be advised that while the Letter of Intent is voluntary, CDHS will continue to provide automatic updates about the RFP only to prospective Proposers who have provided a Request for Inclusion on Mailing List form, Attachment 14. Regardless of delivery method, this form is due by 4:00 p.m. January 19, 2007.

It is incumbent upon any Proposer who has not submitted the Request for Inclusion on Mailing List form, but intends to bid on this Contract, to monitor the OMCP website at

<http://www.DHS.ca.gov/omcp> for any administrative bulletins and/or RFP addenda updates to the RFP.

A Proposer may also call Karissa Kanenaga/Ramonda Ramos at (916) 552-8006 to request any administrative bulletins and/or RFP addenda updates to the RFP.

4. Submitting a Request for Inclusion on Mailing List

Submit the Request for Inclusion on Mailing List form using one of the methods described in paragraph H.2 above.

5. Proposer warning

Proposers are responsible for ensuring that submissions are received by the OMCP itself by the deadlines set forth above. Delivery to a Division, Branch, Section, Unit, Office, or area of CDHS other than the OMCP shall not constitute receipt by OMCP. Note the following information regarding deliveries of submissions:

- a. CDHS' internal processing of U.S. mail may add 48 hours or more to the delivery time.
- b. For hand deliveries, allow sufficient time to locate on street metered parking and to sign in at the security desk. Ask security personnel to call Karissa Kanenaga/Ramonda Ramos at (916) 552-8006 to arrange for Letter of Intent or Request for Inclusion pickup and receipt issuance by OMCP staff (if requested by the proposer). Please refer to Appendix 6 for a map of the delivery location.
- c. Due to parking restrictions at this location, express delivery companies (Fed Ex, UPS, DHL, etc.) deliver to the building's loading dock area. CDHS' internal processing of express deliveries may add 24 hours or more to the delivery time, and should be considered when determining your shipping date and time.

I. Scope of Work

See Exhibit A entitled, "Scope of Work" that is included in the Sample Contract Forms and Exhibits section of this RFP. Exhibit A contains a detailed description of the services and work to be performed under the contract resulting from this procurement.

J. Qualification Requirements

Failure to meet the following requirements by the proposal submission deadline will be grounds for CDHS to deem a proposer nonresponsive. Evaluators may choose not to thoroughly review or score proposals that fail to meet these requirements. In submitting a proposal, each proposer must certify and prove that it possesses the following qualification requirements:

1. At least three consecutive years of experience of the type(s) listed below. All experience must have occurred within the past five years. It is possible to attain the experience types listed below during the same time period. Proposers must have experience in all of the following areas:
 - a. Takeover of an existing program similar to the scope and size of HCO Program.
 - b. Development, modification and operation of an outreach and enrollment program.
 - c. Development, modification, and/or operation of any other large-scale enrollment processing solution.

- d. Previous provider relations and training experience.
- e. Previous experience with beneficiary relations/services.
2. Proposers must certify they have read and are willing to comply with all proposed terms and conditions addressed in the RFP section entitled, "Contract Terms and Conditions", including the terms appearing in the referenced contract exhibits.
3. Corporations must certify they are in good standing and qualified to conduct business in California.
4. Non-profit organizations must certify their eligibility to claim nonprofit status.
5. Proposers must have a past record of sound business integrity and a history of being responsive to past contractual obligations.
6. Proposers must certify they are financially stable and solvent and have adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.
7. Proposers must certify their proposal response is not in violation of Public Contract Code (PCC) Section 10365.5 and, if applicable, must identify previous consultant services contracts that are related in any manner to the services, goods, or supplies being acquired in this solicitation. Detailed requirements are outlined in Attachment 8.

PCC Section 10365.5 generally prohibits a person, firm, or subsidiary thereof that has been awarded a consulting services contract from submitting a bid for and/or being awarded an agreement for, the provision of services, procurement of goods or supplies, or any other related action that is required, suggested, or otherwise deemed appropriate in the end product of a consulting services contract.

PCC Section 10365.5 does not apply to any person, firm, or subsidiary thereof that is awarded a subcontract of a consulting services agreement that totals no more than 10 percent of the total monetary value of the consulting services agreement. Consultants and employees of a firm that provides consulting advice under an original consulting contract are not prohibited from providing services as employees of another firm on a follow-on contract, unless the persons are named contracting parties or named parties in a subcontract of the original contract.

PCC Section 10365.5 does not distinguish between intentional, negligent, and/or inadvertent violations. A violation could result in disqualification from bidding, a void contract, and/or imposition of criminal penalties.

8. Proposers must either achieve actual Disabled Veteran Business Enterprise (DVBE) participation **or** make an adequate Good Faith Effort (GFE) to meet the DVBE participation requirements. Detailed requirements are outlined in Attachment 9 (DVBE Instructions/Forms). This requirement applies if you offer a total cost or price that is \$10,000 or more.

9. Proposers must certify and submit proof that no prohibited conflict of interest exists.

K. Proposal Format and Content Requirements

1. General instructions

- a. Each firm or individual may submit only one proposal.

For the purposes of this paragraph, “firm” includes a parent corporation of a firm and any other subsidiary of that parent corporation. If a firm or individual submits more than one proposal, CDHS will reject all proposals submitted by that firm or individual.

A firm or individual proposing to act as a prime contractor may be named as a subcontractor in another proposer’s proposal. Similarly, more than one proposer may use the same subcontractors and/or independent consultants.

- b. Develop proposals by following all RFP instructions and/or clarifications issued by CDHS in the form of question and answer notices, clarification notices, Administrative Bulletins or RFP addenda.
- c. Before submitting your proposal, seek timely written clarification of any requirements or instructions that are believed to be vague, unclear or that you do not fully understand.
- d. In preparing your proposal response, all narrative portions should be straightforward, detailed and precise. CDHS will determine the responsiveness of a proposal by its quality, not its volume, packaging or colored displays.
- e. Arrange for the timely delivery of the proposal package(s) to the address specified in this RFP. Do not wait until shortly before the deadline to submit the proposal.

2. Format requirements

- a. Submit one (1) original, five (5) copies or sets, and one (1) CD-ROM of the proposal in any CDHS standard platform (i.e. Word, Excel, and PDF formats). The CD-ROM must be identical to, and contain everything included in, the proposal hard copy:
 - 1) Write “**Original**” on the original proposal set.
 - 2) Each proposal set must be complete with a copy of all required attachments and documentation.
 - 3) Proposals shall be submitted in full, bound sets under sealed cover, e.g., Narrative proposal set 1 shall be packaged as a complete set rather than having all five copies of binder 1 packaged together.
 - 4) Each box must be identified as follows:

NARRATIVE PROPOSAL
FOR THE
HEALTH CARE OPTIONS PROGRAM
RFP #06-55000
Original Set (or Set 1 of 5, Set 2 of 5, etc.)
Box 1 of X (number of boxes needed for each set), etc.
- b. Format the narrative portions of the proposal as follows:
 - 1) Use one-inch margins at the top, bottom, and both sides.
 - 2) Use a font size of not less than 11 points.
 - 3) Print pages single-sided on white bond paper.
 - 4) Sequentially paginate the pages in each section. It is not necessary to paginate items in the Forms Section or Appendix Section.

- c. Bind each proposal set in a way that enables easy page removal. Loose leaf or three-ring binders are acceptable.
- d. All RFP attachments that require a signature must be signed in blue ink.
 - 1) Have a person who is authorized to bind the proposing firm sign each RFP attachment that requires a signature. Signature stamps are not acceptable.
 - 2) Place the originally signed attachments in the proposal set marked "Original."
 - 3) The RFP attachments and other documentation placed in the extra proposal sets may reflect photocopied signatures.
 - 4) For the CD-ROM copy: Any document requiring a signature or any document that cannot be electronically copied should be scanned and placed on the CD as a PDF file.
- e. Do not mark any portion of your proposal, any RFP attachment or other item of required documentation as "Confidential" or "Proprietary." CDHS will disregard any language purporting to render all or portions of a proposal confidential.

3. Content requirements

This section specifies the order and content of each narrative proposal. Assemble the materials in each proposal set in the following order:

a. Proposal Cover Page

A person authorized to bind the Proposer must sign the Proposal Cover Page (Attachment 1). If the proposer is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Proposal Cover Page.

b. Table of Contents

Properly identify each section and the contents therein. Paginate all items in each section with the exception of those items placed in the Forms Section and Appendix Section.

c. Narrative Proposal Transmittal Letter

The Narrative Proposal transmittal letter shall be on the official business letterhead of the Proposer and shall be signed by an individual authorized to legally bind the Proposer. The letter shall include:

- 1) Identification of all materials and enclosures being forwarded as a response to the RFP;
- 2) The name, title, mailing address, e-mail address, and telephone and fax numbers of a liaison person(s) whom CDHS may contact during the evaluation period;
- 3) A statement indicating the legal form of the Proposer;
- 4) A statement that neither cost nor pricing information is included in this letter or the Narrative Proposal.

- 5) A statement indicating that the Proposer has no affiliates (see the definition of affiliates in Exhibit E, Additional Provision, Section 5, Affiliates), or a statement containing the following information:
 - a) The names and addresses of all affiliates of the Proposer;
 - b) The names and addresses of all persons and concerns exercising control or ownership of the Proposer and any or all of its affiliates, and whether they exercise such control or ownership as common officers, directors, stockholders holding controlling interest, or otherwise; and
 - 6) A statement that the proposal is complete as submitted.
 - 7) A statement acknowledging that all costs associated with the development and submission of a narrative proposal in response to this RFP are entirely the responsibility of the Proposer and will not be chargeable to CDHS or included in any cost elements of the proposal.
- d. Executive Summary Section
- This section must not exceed five (5) pages in length. Evaluators may not review or evaluate excess pages.
- In preparing the Executive Summary, do not simply restate or paraphrase information in this RFP. Describe or demonstrate, in the Proposer's own words, the following information.
- 1) An understanding of CDHS' needs and the importance of this project.
 - 2) The tangible results that are expected to be achieved.
 - 3) A sincere commitment to perform the scope of work in an efficient and timely manner.
 - 4) How this project will be effectively integrated into the proposing firm's current obligations and existing workload.
 - 5) Why the proposing firm should be chosen to undertake this work at this time.
- e. Agency Capability Section
- 1) Include a brief history of the proposing firm, including:
 - a) Date of establishment. If applicable, explain any changes in your business history or organizational structure that will assist CDHS in determining the qualifications of the proposing firm.
 - b) A description of the proposing firm's goals that are relevant, closely related, or will complement performance of this project.
 - 2) Describe the experience that qualifies the proposing firm to undertake this Contract.. At a minimum, demonstrate the proposing firm possesses three consecutive years of experience of the types listed in this section. All experience must have occurred within the past five years. It is possible to attain the experience types listed below during the same time period. Proposers must have experience in the following order:

- a) Takeover of an existing enrollment broker processing environment or operations.
 - b) Full implementation, operation, and modification of an enrollment broker program. This item may be merged with item K.3.e.2a above, but the Proposer should clearly indicate whether the contract was for takeover of an existing enrollment processing operation or full implementation of a new enrollment processing operation.
 - c) Takeover of business, operations and/or modification of any other large-scale enrollment broker program. Experience cited here shall include the Proposer's experience in establishing and maintaining effective working relationships with government entities, local community based organizations, advocates and private nonprofit organizations.
 - d) Identification of whether the Proposer or any of its proposed subcontractors have had a contract terminated for failure to perform. Also identify whether the Proposer or any of its proposed subcontractors have been removed from a governmental bidder's list as a result of failure to perform or failure to comply with financial requirements.
 - e) Demonstration of qualifications to undertake this project, describing experience of the types of activities listed in the Exhibit A, Attachment II, Scope of Work.. Proposers should briefly describe the accounts or work projects managed by the Proposer in the past three years that involved projects similar in nature or closely related to the Scope of Work in this RFP. The Contractor shall ~~demonstrate working linkages with subcontractors, or the ability to procure and manage vendors for the services described in the Scope of Work~~ include the following information:-
 - a) Name of agency or firm for whom services were performed,
 - b) Duration or length of the project,
 - c) Total cost or value of the project,
 - d) Indicate if the account or project is "active/open" or "closed/settled."
 - e) Describe briefly the type and nature of the services you performed.
- 3) For each type of experience reported in Section K.3.e.2 above, Proposers shall provide:
- a) Type of contract under which the previous work was performed (e.g., fixed price, fixed rate, cost-reimbursement);
 - b) Client size;
 - c) Number of transactions per year;
 - d) Complexity and scope of the operations, including the nature of reporting process;
 - e) Scope of the work performed (e.g., enrollment broker, facilities manager);
 - f) Reason for contract termination, if the contract is no longer in effect;

- g) Number of person-months devoted to full implementation of an enrollment broker program;
 - h) Performance problems (e.g., personnel, financial resources, etc.) encountered during the period of contract, including any that resulted in delays or nonpayment to the Contractor. Specific attention should be given to any problems encountered in meeting cycle-time requirements, including backlogs in enrollment transactions or in operations (e.g., mail room);
 - i) Status of the Proposer ;
 - j) Percentage of service performed by subcontractors;
 - k) Whether the experience is that of the Proposer or a subsidiary of another business entity. If experience is gained as a subsidiary of another business entity and the Proposer relies at all on the business experience of that entity, the Proposer experience submission requirements of the RFP shall apply to the other business entity.
- 4) Submit a description of other existing and projected Medicaid or Medicare Contracts, projects, or obligations, and the resources required to fulfill each. Describe any foreseeable conflicts between the existing or projected obligations and this proposal in respect to business resources, personnel, processing time, and financial resources.
- ~~5) Briefly, describe the accounts or work projects begun and/or completed in the past three years that involved services similar in nature or closely related to the Scope of Work in this RFP. For each account or project listed, include the following information:~~
- ~~a) Name of agency or firm for whom services were performed;~~
 - ~~b) Duration or length of the project;~~
 - ~~c) Total cost or value of the project;~~
 - ~~d) Indicate if the account or project is "active/open" or "closed/settled."~~
 - ~~e) Describe briefly the type and nature of the services you performed.~~
- ~~6) 5) Identify three client references serviced within the past five years that can confirm their satisfaction with the Proposer's services and confirm that the Proposer provided timely and effective services or deliverables. Use the Client References Form (Attachment 4) for this purpose. **Place the completed Client References Form in the Forms section of your proposal.**~~
- ~~7) 6) Proposers should demonstrate the capability to simultaneously manage multiple Medi-Cal Publications projects. Proposers ~~should~~ must demonstrate the capability to manage periods of frequent publication work orders followed by relatively inactive periods of publication management and how their budget and flat fee reflect this.~~
- f. Management Plan Section

- 1) Describe how the proposing firm will effectively coordinate, manage and monitor the efforts of the assigned staff, including subcontractors and/or consultants, if any, to ensure that all tasks, activities and functions are completed effectively and in a timely manner;
- 2) Describe the fiscal accounting processes and budgetary controls that will be employed to ensure the responsible use and management of Contract funds and accurate invoicing. Include at a minimum, a brief description of all of the following:
 - a-) How the costs incurred under this Contract will be appropriately accounted for and only applicable project expenses will be billed to CDHS (e.g., use of unique account/project codes, etc.).
 - b-) The proposing firm's fiscal reporting and monitoring capabilities (e.g., spread sheets, automated fiscal reports, quality controls, checks and balances, etc.) to ensure Contract funds are managed responsibly.
 - c-) Proposed billing or invoicing frequency (not more frequently than once per month). Electronic billing is not possible.
 - d-) Identify the documentation that you will maintain on file or submit to CDHS upon request to prove, support and/or substantiate the expenses that are invoiced to CDHS.
- 3) Include an organization chart. Instructions are explained in the Appendix section. **Place the organization chart in the Appendix section of the proposal.**
- 4) Proposals ~~should~~shall identify a project management plan for the development and reproduction of Medi-Cal Publications. The plan ~~should~~must include an approach for identifying, obtaining, and overseeing cost-effective subcontractors for cultural and linguistic accuracy services, design services, and printer services. Proposers should plan for simultaneously managing multiple projects and managing periods of frequent publication work orders followed by relatively inactive periods of publication management. Proposals ~~should~~shall identify and describe a project management plan for the distribution of Medi-Cal Publications. The solution ~~should~~shall include an approach for managing and reporting inventory, and identifying cost-effective shipping and delivery subcontractors.

g. Project Personnel Section

- 1) In this section, describe the proposed staffing plan. In the staffing plan, include at a minimum:
 - a) Position titles for all proposed employees (persons on the proposing firm's payroll).
 - b) Number of personnel in each position.
 - c) By position, indicate the full time equivalent (FTE) or percentage of staff time devoted to this project (e.g., full time = 1.0, 1/2 time = .50, 3/4 time = .75, 1/4 time = .25, projected number of hours, if hourly, etc.).
 - d-) Include a job description or duty statement for each position title or classification that will perform work under this project. The job descriptions must indicate the typical tasks and responsibilities that will be assigned to the position and may include desired or required education and experience. **Place all job**

descriptions or duty statements at the end of the Project Personnel Section.**e.) Management Team**

Provide a narrative description of the management team that will be assigned to this Contract. The narrative shall include all senior management members who will be responsible for the following activities:

- i. All activities assigned to the Contractor Representative;
- ii. All activities assigned to the Takeover Director;
- iii. All HCO Operations requirements;
- iv. Process implementation team;
- v. All Quality Assurance requirements;
- vi. All activities assigned to the Turnover Director;
- vii. If applicable, Project Manager for any major subcontractor(s);
- viii. All activities assigned to the Medi-Cal Publications Project Manager.

The narrative shall contain a thorough discussion of the authority and responsibility of the Contractor Representative.

The narrative shall contain a thorough discussion of why the person was chosen for the position of Project Director of Medi-Cal Publications, and their authority and responsibility for the publications development, reproduction and distribution functions.

If different managers handle the Takeover, Turnover and HCO Operations activities, please indicate.

All members of the management team must have experience in their functional areas. If members of the management team are not proposed to be employees of the Contractor, their employer must be listed as a subcontractor in the Narrative Proposal.

The narrative shall contain a description of the Contractor Representative responsibilities regarding the delivery of HCO Program and its operations support.

For any major Contract activities or responsibilities proposed to be performed by any subcontractor, include a description of how the Contractor shall ensure performance by the subcontractor(s) and the control that the Contractor Representative will have over the subcontractor(s).

f.) Management Team: Qualifications

Proposers shall thoroughly describe the qualifications, experience, and skills of the individual members of the management team. This description shall include:

- i. The current job title of each management team member, and whether the Contractor or a subcontractor employs the member. If the member is employed by a subcontractor, identify that subcontractor;
- ii. A brief description of each management team member's management experience (i.e., size of contract, duration). Include each management team member's experience with the Proposer's firm, or with the subcontractor(s) proposed, as part of the Narrative Proposal. Indicate the length of experience of each management team member, whether in the Proposer's firm or with another organization's firm;
- iii. A description of the personal qualification(s) (e.g., skills in communication, analysis and problem solving, planning and decision-making) of each management team member; and
- iv. An indication of the recency of each management team member's experience and its relevance or similarity to the major tasks to be performed under this Contract.

g.) Management Team: Individual Authority

Proposers shall describe the span of control and authority to be assigned to each member of the management team. This description shall include a complete report of each of the following:

- i. The division of responsibility among each of the members of the management team and certification that each management team member will be assigned to this Contract full-time. Include a description of other responsibilities of that individual; and
- ii. An organization chart illustrating the span of control to be assigned to each management team member. Show reporting relationships within the team as well as subcontractor(s) to team members, and reporting relationships of the Contractor Representative to major subcontractor(s). Include a description of the level of placement of each member within the organization, with the level of detail showing the unit level.

h.) Management Team: Continuity

- i. Proposers shall describe how they shall ensure that the proposed individuals are willing and available to work on this project. The Proposer shall also describe the method to be used by the Proposer to replace an individual with someone with equal qualification. This shall include whether management team nominees in the Narrative Proposal are currently proposed to work on any other contracts and, if so, how their availability will be guaranteed for this Contract. The Contractor shall describe past contract experience it has had in working with its customers in the replacement of its management personnel assigned to a large contract.
- ii. The Contractor shall guarantee that any senior manager identified in its Narrative Proposal will be assigned to this Contract for at least the first two (2) years, and the Contractor Representative for at least the first three (3) years, unless that employee(s):

- a. Leaves the employment of the Contractor, any of its affiliates, or a subcontractor or any of its affiliations; or
 - b. Is given advance written CDHS approval to assign another person to that position.
- i.) Identify by name and/or position title, each key staff person that will have primary responsibility for managing, directing, overseeing and/or coordinating the work of assigned staff, subcontractor(s) and/or independent consultant(s) and who will maintain effective communications with CDHS (i.e., Project or Program Manager, Project or Program Director, Contract Manager, etc.).
- i. Briefly, describe each person's expertise, capabilities and credentials.
 - ii. Emphasize any relevant past experience in directing, overseeing, coordinating or managing other government projects.
- j.) Include a resume for each key staff person (professional, managerial or supervisory) that will exercise a major administrative, policy, or consulting role in carrying out the project work. **Place staff resumes in the Appendix section.** Resumes must not include personal information such as social security number, home address, home telephone number, marital status, sex, birth date, age, etc.
- 42) Briefly, describe the administrative policies and/or procedures you will use to ensure that you will recruit and select well-qualified, competent, and experienced in-house staff, subcontractor(s) and/or independent consultant(s).

If employee recruitment/selection policies or procedures are present in an operations manual, you may cite excerpts from such manuals. Do not simply indicate that such policies exist and do not attach copies of any policies or manuals to your proposal. If deemed necessary, CDHS may request copies of your existing manuals and/or policies.

- 23) Briefly, describe the processes or procedures that you will use to ensure that vacancies are filled expeditiously and that services are continued despite the presence of vacancies.

- 34) If subcontractor(s) (including independent consultant(s)) will be used to perform Contract services, Proposers must do the following at the time of proposal submission:

- a) Indicate if you have pre-identified any firms/persons to perform the work or if you will recruit them later.
 - i. For each pre-identified subcontractor and independent consultant include:
 - A. Full legal name.
 - B. A job description or duty statement outlining the duties and functional responsibilities that you intend to assign to the subcontracted firm or independent consultant.
 - C. A brief explanation as to why you chose the subcontracted firm or independent consultant. Stress things such as applicable skills, knowledge, capabilities, past experience or accomplishments, availability, reasonableness of rates, expertise in a field or specialty, etc.

D. A 1-2 page resume for each pre-identified subcontractor and independent consultant. **Place all subcontractor and/or consultant resumes in the Appendix Section.** To the extent possible, resumes must not include personal information such as a social security number, home address, home telephone number, marital status, sex, birth date, age, etc.

E. A letter of agreement, signed by an official representative of each subcontracted firm or independent consultant. **Place all subcontractor and/or consultant letters of agreement in the Appendix section.**

Specific subcontractor and/or independent consultant relationships proposed in response to this RFP (i.e., identification of pre-identified subcontractors and independent consultants) shall not be changed during the procurement process or prior to Contract execution. The pre-identification of a subcontractor or independent consultant does not affect CDHS' right to approve personnel or staffing selections or changes made after the Contract award.

ii. For subcontractor(s) and/or independent consultant(s) that cannot be identified when the proposal is submitted to CDHS or are to be determined (TBD) after the Contract is executed, include:

A. An identification of the functions, activities and responsibilities that you intend to assign to each subcontractor and/or independent consultant.

B. A description of the process that you will use to obtain CDHS approval of each subcontractor and/or independent consultant selection along with approval of their budgeted costs and assigned responsibilities.

h. Facilities and Resources Section

Describe the following as it relates to the Proposer's capacity to perform the Scope of Work:

- 1) Current office facilities at the Proposer's disposal including number of offices owned or leased, square footage, number of staff housed and physical location or address.
- 2) Current support services and office equipment capabilities immediately available and/or accessible for use in carrying out the proposed Scope of Work. Include such things as, but not limited to:
 - a) A description of the range and/or type of support services available and number of staff.
 - b) Messenger, delivery, shipping, distribution, and/or transport capabilities.
 - c) Teleconferencing and/or telecommunications capabilities.
 - d) Printing/reproduction/imaging and/or photocopying capabilities.
 - e) Other support functions and/or capabilities that can be accessed and/or utilized.
- 3) Identify any facilities, support services and/or equipment that the Proposer must purchase, rent, or lease on a long or short-term basis to perform the services described in this RFP.

- 4) Identify approach to achieve a cost-effective distribution facility, low in overhead costs, and how it provides for the capacity to store and distribute Medi-Cal Publications. Demonstrate how the distribution solution was selected from a variety of alternatives due to its low cost structure.
- i. Financial Stability Plan Section

Each Proposer shall submit a Financial Stability Plan as required herein.

Proposers shall submit a Financial Stability Plan by submitting the following data for the past three (3) fiscal years of the Proposer and for the interim period from the end of the last full fiscal year up to and including the date specified for submission of Proposals.

If the Proposer is a subsidiary of any other legal entity and the financial resources of the parent company are required to qualify the subsidiary for competition under the procurement, the financial stability submission requirements of the RFP section shall apply to the parent company.

1) Basic Content

The Proposer shall submit the following:

- a) Proposer's annual financial statements for the most recent past three (3) fiscal years, including annual income statements and quarterly or annual balance sheets. Audited statements are required. All noted audit exceptions must be fully explained. CDHS will only accept financial statements that are reviewed and accompanied by a report, certificate, or opinion of a professional certified auditing firm;
- b) Public interim financial statements for the interim period from the end of the last full fiscal year up to, and including, the date specified for submission of Narrative Proposals. CDHS does not require submittal of interim statements for the last three (3) fiscal years for which annual reports are submitted;
- c) A statement containing all projected financial data for the calendar years 2007 through 2014. Proposers may use information that has been made available to any of its security or shareholders or the investment community, Securities and Exchange Commission or similar institutions, and shall be submitted in accordance with Security and Exchange Commission guidelines for publicly traded companies;
- d) Identification of all significant Contractual obligations that could have a material effect as described below in Section K.3.j.4,
- e) A narrative description of size computations, historical bases for estimates and projections, assumptions, contractual obligations, both existing and anticipated, and related information for the next three (3) years predicated upon operation without the award of this Contract;
- f) A projected pro forma financial statement and statement of changes in financial position for the next three (3) years predicated upon operations without the award of this Contract;

- g) A detailed financial plan and proposed cash flow budget showing the availability of funds and course of sufficient funds to cover the Proposer's projected operation costs without risk of insolvency if the Proposer were to provide the contractual services under the Contract period; and
- e) A calculation of the Proposer's projected tangible net equity prepared in accordance with the minimum financial requirements set forth in Exhibit E, Additional Provisions, Section ~~4029~~, ~~Minimum~~ Financial Criteria.

2) Certification

All financial data submitted in the Financial Stability Plan in connection with this RFP shall be accompanied by a signed statement from the Proposer or parent corporation(s) Chief Executive Officer and Chief Financial Officer or designee certifying that the data is current, accurate, and complete.

3) Guaranty Provisions

If the Proposer is a subsidiary of another entity, the Proposer must submit a guaranty from any entity in the Proposer's chain of ownership that is publicly traded. If no such parent entity is publicly traded, the guaranty shall be submitted by a parent entity at a level in the chain of ownership that is acceptable to CDHS. The guaranty shall meet all the requirements specified in Exhibit E, Additional Provisions, Section 32, Guaranty Provisions, be in a form satisfactory to CDHS, and provide for the full and prompt performance of all covenants, terms and conditions, and agreements throughout the term of the Contract.

j. Work Plan Section

1) Overview

- a) CDHS is interested in proposals that provide well-organized, comprehensive and technically sound business solutions. Vague explanations will undermine the proposing firm's credibility and will result in reduced Narrative Proposal scores.
- b) The Work Plan must include an in-depth discussion and description of the methods, approaches and step-by-step actions that will be carried out to fulfill all Scope of Work requirements.
- c) If the nature of a task or function hinders specific delineation of in-depth methods and procedures (e.g., a task is dependent upon a future action or multiple approaches may be used), explain the probable methods, approaches, or procedures that will be used to accomplish the task or function. Also, describe, in this instance, how the proposing firm will propose the ultimate strategies and detailed plans to CDHS for full consideration and approval before proceeding to carry out the project.

2) Rejection of Tasks, Activities or Functions

If full funding does not become available, is reduced, or CDHS determines that it does not need all of the services described in this RFP, CDHS reserves the right to offer an amended Contract for reduced services.

3) Work Plan Content

Work Plan(s) must include performance time lines and a detailed description of the step-by-step actions, methods, and approaches used to fulfill all Scope of Work requirements as described in Exhibit A, Attachment II. If, for any reason, the Work Plan does not wholly address each Scope of Work (SOW) requirement, fully explain each omission.

Proposers shall submit the Work Plans described in K.3.j.45), to meet all of the specified submission requirements. All submissions shall not exceed page limitations identified below. Flow charts and graphs are excluded from this page limitation, but should be minimized whenever possible.

For each Work Plan the Proposer shall describe how it plans to manage the specific area of the Contract to ensure Contract requirements are met and performance is successful. The Work Plan shall be written in a manner understandable to the layperson. CDHS does not desire a repeat of the RFP requirements. Rather, CDHS wants a description of how the Proposer will manage the Contract requirements that ensures performance.

Each Work Plan shall be organized in the following manner:

a) Work to be Performed

This section of the Work Plan shall be an overview of the Proposer's understanding of work to be performed within each specific plan.

b) Interrelationships and Functional Dependencies

This section shall be a discussion of the interrelations and functional dependencies that the specific Work Plan may have with other Scope of Work requirements.

c) Changes Required to Accomplish Contract Requirements

This section shall be a discussion of the changes to the current operations and processes that the Proposer believes to be necessary for them to change to be able to satisfy the Scope of Work requirements. If there are none then state "No Change".

d) Impact(s) of the Work Plan

This section shall be a discussion of the impact the Work Plan activities will have on CDHS, beneficiaries, potential enrollees, providers and other interested parties.

e) Any Other Special Considerations. (Innovative Approaches)

This section shall contain a discussion of any special considerations that the Proposer believes is important in accomplishing the Scope of Work requirements.

f) Requirements of Scope of Work

This area shall include a detailed description of the approaches the Proposer will use to fulfill the requirements of the Scope of Work. Please see the Work Plan submission requirements below for the specific organization requirements for this response.

g) Work Plan Exhibits

This area shall include flow charts or graphical material that will facilitate readability and evaluator understanding of the proposed plan.

4.) Work Plan Submission Requirements

a) Takeover Plan (Not to exceed ~~750~~ pages)

Describe in detail the Proposer's activities for the duration of Takeover, including the Proposer's tasks and activities for implementation and operation of the HCO Program. The Proposer must organize its responses into the following sections:

- i. Takeover Work Schedule;
- ii. Takeover Management and Planning
- ~~iii.~~ Personnel Acquisition Plan and Organizational Structure Chart
- ~~iv.~~ Assumption of Operations Plan
- ~~v.~~ Facilities
- ~~vi.~~ Customer Service
- ~~vii.~~ Informing Materials
- ~~Files~~
- ~~viii.~~ Enrollment/Disenrollment Processing~~Customer Service~~
- ~~ix.~~ Quality Management Program~~Informing Materials~~
- ~~x.~~ Problem Correction Process
- ~~xi.~~ Reports
- ~~xii.~~ Records Retention
- ~~xiii.~~ Security and Confidentiality
- ~~xiv.~~ Disaster Prevention and Disaster Recovery/Business Continuity
- ~~xv.~~ Health Plan Enrollment Process~~Procedures Development~~
- ~~xvi.~~ Financial Management
- ~~xvii.~~ Other Administrative Procedures~~System Testing~~
- ~~xviii.~~ Transfer~~Acceptance Testing~~
- ~~xi.~~ of Assumption of Operations
- ~~xix.~~ Administration

b) Customer Service Plan (Not to exceed ~~45~~²⁵ pages)

The Proposer shall describe how it plans to manage the Customer Service component of the Contract to ensure Contract requirements are met and performance is successful. The Proposer must organize its response into the following sections:

- i. Telephone Call Center (TCC)
- ii. Education and Outreach
- iii. Research
- iv. Customer Service Portal
- v. Provider Information Network

c) Informing Materials Plan (Not to exceed ~~50~~²⁵ pages)

The Proposer shall describe how it plans to manage the Informing Materials component of the Contract to ensure Contract requirements are met and performance is successful. The Proposer must organize its response into the following sections:

- i. Materials Development and Production
- ii. Mailing Functions
- iii. Inventory of Materials
- iv. Medi-Cal Publications

d) Enrollment/Disenrollment Processing Compliance Plan (Not to exceed ~~40~~²⁵ pages)

The Proposer shall describe how it plans to manage the Enrollment/Disenrollment Process component of the Contract to ensure Contract requirements are met and performance objectives are attained. The Proposer must organize its response into the following sections:

- i. Enrollment/Disenrollment Processing Compliance Plan
- ii. Enrollment/Disenrollment Processing Procedures and Process Group Organization Manual
- ~~iii.~~ii. HCO Operations Interface
- ~~iv.~~iii. Processing Tools
- ~~v.~~iv. Documentation and Images
- ~~vi.~~v. Communication Standards
- ~~vii.~~vi. Process Availability
- ~~viii.~~vii. Process Information Dictionary
- ~~ix.~~viii. Information File Layout Description
- ~~x.~~ix. Integrated Testing
- ~~xi.~~x. Change Requirements
- ~~xii.~~xi. Project Monitoring
- ~~xiii.~~xii. Process Group
- ix. Forms Processing
- x. Beneficiary Auto Assignment

- xi. Health Plan Membership Status Letter

- e) Quality Management Plan (Not to exceed ~~30~~²⁵ pages)

The Proposer shall describe how it plans to manage the Quality Management component of the Contract to ensure Contract requirements are met and performance objectives are attained. Include a description of how the Proposer will ensure that it will meet continued quality improvement within its operation. The Proposer must organize its response into the following sections:

- i. Quality Management Unit
- ii. Quality Management Standards and Procedures Manual
- iii. Quality Management Key Operational Areas
- iv. Special Quality Management Studies
- v. Quality Management Information Availability
- vi. Change Support System
- vii. HCO Program Operations Policy and Procedures Manuals
- viii. Medi-Cal Publications Quality Assurance

- f) Problem Correction Process Plan (Not to exceed 25 pages)

The Proposer shall describe how it plans to manage the Problem Correction Process component of the Contract to ensure Contract requirements are met and performance is successful. The Proposer must organize its response into the following sections:

- i. Initial Problem Statements
- ii. Interim Problem Statements
- iii. Corrective Action Plan Problem Statements
- iv. Closure Notice Problem Statements

- g) Reports Plan (Not to exceed ~~25~~³⁵ pages)

The Proposer shall describe how it plans to manage the Reports component of the Contract to ensure Contract requirements are met and performance is successful. The Proposer shall discuss its understanding of the following:

- i. Reports Deliverables
- ii. Production
- iii. Delivery
- iv. Reports to Managed Care Plans

h) Records Retention and Retrieval Plan (Not to exceed 10 pages)

The Proposer shall describe how it plans to manage the Records Retention and Retrieval component of the Contract to ensure Contract requirements are met and objectives are attained. ~~The Proposer must present its response in a Records Retention and Retrieval Policy and Procedures Manual.~~

i) Security and Confidentiality Plan (Not to exceed ~~25~~30 pages)

The Proposer shall describe how it plans to manage the Security and Confidentiality component of the Contract to ensure that Contract requirements are met and performance is successful. Include a brief description of how the Proposer will accomplish meeting HIPAA requirements. The Proposer must organize its response into the following sections:

- i. Security and Confidentiality Plan
- ii. National Provider Identifier
- iii. Medi-Cal Policy Materials Security and Confidentiality Plan.

j) Disaster Prevention and Recovery/Business Continuity Plan (Not to exceed ~~25~~40 pages)

The Proposer shall describe how it plans to manage the Disaster Prevention and Recovery component of the Contract to ensure that Contract requirements are met and performance is successful. The Proposer must present its response in a Disaster Prevention and Recovery/Business Continuity Plan.

k) Health Plan Enrollment Process Plan (If an automated system is proposed) (Not to exceed 50 pages)

The Proposer shall describe how it plans to manage the Health Plan Enrollment Process of the Contract to ensure that Contract requirements are met and performance is successful. The Proposer must organize its responses into the following sections:

- i. HPE Processing Compliance Plan
- ii. HPE Processing Procedures and Process Group Organization Manual
- ~~iii.~~iii. System Development Guidelines
- ~~iii.~~iv. Software Automation Tools
- ~~iv.~~v. Computer Hardware
- ~~v.~~vi. Electronic Documents and Computer Generated Images
- ~~vi.~~vii. Communications Standards
- viii. System Availability
- ~~ix.~~ix. System Design Standards
- ~~x.~~ Document Requirements
- xj. System Processing
- xii. System Data Dictionary
- xiii. Data File layout Descriptions
- ~~xiv.~~xiv. Integrated Testing
- ~~xv.~~ Change Requirements
- xvi. Project Monitoring
- ~~xvii.~~xvii. System Group

l) Turnover Plan (Not to exceed 25 pages)

Describe in detail the Proposer's activities for the duration of Turnover. The Proposer must organize its responses into the following sections:

- i. Turnover Work Schedule
- ii. Turnover Management and Planning
- iii. Personnel
- iv. Facilities
- v. Hardware, Software and Equipment
- vi. Informing Materials and Mailing Functions
- vii. Reports
- viii. Record Retention
- ix. Files
- x. Documentation
- xi. Testing
- xii. Administrative Procedures
- xiii. Turnover Processing

m) Additional Contractual Services Plan

The Contractor shall prepare and submit to CDHS proposals for implementing, and the advantages and disadvantages of implementing, each of the following seven (7) mandatory Additional Contractual Services (ACS):

- i. Review of HCO Program Informing Materials
- ii. Pro-Active Health Care Choices
- iii. Expedited Health Plan Enrollment;
- iv. Medi-Cal Managed Care Health Plan Provider Directories
- v. Initial Health Screen Questionnaire
- vi. Extended Hours of Telephone Call Center Operations
- vii. Voluntary Beneficiary Telephone Call Center Contacts

In addition, CDHS will allow bidders to include up to five (5) optional Additional Contractual Services for the HCO Program operational areas.

For each optional ACS, the Proposer shall:

- A. Describe the ACS and how it complements the Scope of Work requirements and improves performance or Contract administration beyond the Scope of Work.
- B. Describe what the Proposer thinks are the benefits obtained by the ACS. Specific attention should be placed on the impact of the ACS on applicants/beneficiaries, providers, HCO Program cost control, and CDHS.
- C. Include an implementation date and schedule.

Note: CDHS may require the Proposer to present an oral presentation of its ACS(s).

After the award of the Contract, presentations to CDHS to further discuss proposed ACS(s), if any, shall be held in Sacramento, California. Any travel costs associated with the presentations shall be borne by the Contractor.

CDHS intends to implement any ACS that it has accepted as a part of the successful Proposer's Narrative Proposal and intends to adjust any affected Contractual performance requirements accordingly. Because CDHS may elect to not implement an ACS, the ACS shall be separately priced in the bid. Specific terms and conditions associated with an ACS will be addressed at the time of Contract execution in Exhibit E, Additional Provisions. CDHS-accepted ACSs, if proposed for installation at the Assumption of Operations, shall be ready for CDHS acceptance testing during Takeover. Proposers may propose a delayed implementation date in their ACS plan, but shall allow a minimum of six (6) weeks for CDHS acceptance testing prior to implementation of the ACS.

k. Appendix section

Place the following documentation in the Appendix section of your proposal in the order shown below.

1) Proof of Corporate Status

If the Proposer is a Corporation, submit **either** a copy of the proposing firm's most current Certificate of Status issued by State of California, Office of the Secretary of State **or** submit a downloaded copy of the proposing firm's on-line status information from the California Business Portal website of California's Office of the Secretary of State. Include an explanation if this documentation cannot be submitted. Unless otherwise specified, do not submit copies of the proposing firm's Bylaws or Articles of Incorporation.

2) Proof of Nonprofit Status

Nonprofit organizations must prove they are legally eligible to claim "nonprofit" and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501 (3)(c) tax-exempt status. Submit an explanation if this documentation cannot be supplied.

3) An organization chart

The organizational chart must show the lines of authority and reporting relationships between management and subcontractors and/or independent consultants, if any.

4) Staff Resumes

Resume specifications appear in the Project Personnel section. To the extent possible, resumes must not include personal information such as a social security number, home address, home telephone number, home email address, marital status, sex, birth date, age, etc.

5) Subcontractor/Consultant Resumes

Submit a resume for each pre-identified subcontractor or independent consultant, if any, as discussed in the Project Personnel section. Resumes must not include personal information such as a social security number, home address, home telephone number, home email address, marital status, sex, birth date, age, etc.

6) Subcontractor/Consultant Letters of Agreement

For each pre-identified subcontractor and independent consultant that will be used to perform services under the resulting contract, submit a letter of agreement to work on this project.

A letter of agreement must be signed by an official representative of each subcontracted firm or independent consultant, indicating his or her acknowledgement of being named as a subcontractor or consultant, their availability to work on this project and acknowledgement that they have read or been made aware of the proposed contract terms, conditions and exhibits. Include an explanation if a letter of agreement cannot be obtained from each pre-identified subcontractor and consultant and indicate when a letter of agreement will be forthcoming.

7) Conflict of Interest Compliance Certificate

- a) Proposers must submit Attachment 15 and any accompanying documentation consistent with Attachment 15 provisions.
- b) If a conflict of interest is determined to exist that cannot be resolved to the satisfaction of CDHS before the award or execution of the Contract, the conflict will be grounds for deeming a Proposer nonresponsive.
- c) In the event that CDHS determines at any time during the term of the Contract that a conflict of interest situation exists that cannot be resolved to the satisfaction of CDHS, the conflict will be grounds for termination of the Contract.

I. Forms Section

Complete, sign and include the forms/attachments listed below. When completing the attachments, follow the instructions in this section and any instructions appearing on the attachment. After completing and signing the applicable attachments, assemble them in the order shown below.

Attachment and/or Documentation	Instructions
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Attachment and/or Documentation	Instructions
2 - Required Attachment / Certification Checklist	<p>1) Check each item with "Yes" or "N/A", as applicable, and sign the form. If necessary, explain your choices.</p> <p>2) If a proposer marks "Yes" or "N/A" and makes any notation on the checklist and/or attaches an explanation to the checklist to clarify their choice, CDHS considers this a "qualified response." Any "qualified response", determined by CDHS to be unsatisfactory or insufficient to meet a requirement, may cause a proposal to be deemed nonresponsive.</p>
3 - Business Information Sheet	Completion of the form is self-explanatory.
4 - Client References	Identify three (3) clients serviced within the past five years that can confirm their satisfaction with the Proposer's services and confirm that the Proposer provided timely and effective services or deliverables. If possible, identify clients whose needs were similar in scope and nature to the services sought in this RFP. List the most recent first.
5 - RFP Clause Certification	Complete and sign this form indicating a willingness and ability to comply with the contract certification clauses appearing in the RFP section entitled, "Bid Requirements and Information," subsection "Bidding Certification Clauses."
6 - CCC 1005 – Certification	<p>Complete and sign this form indicating your willingness and ability to comply with the Contractor Certification Clauses appearing in this Attachment. The attachment supplied in this solicitation represents only a portion of the contractor information in this document. Visit this web site to view the entire document:</p> <p>http://www.ols.dgs.ca.gov/Standard+Language/default.htm.</p>
7 - Payee Data Record	Complete and return this form, only if the proposing firm has not previously entered a contract with CDHS. If uncertain, complete and return the form.
8 – Follow-on Consultant Contract Disclosure	Complete and sign this form. If applicable, attach to this form the appropriate disclosure information.
<p>9a - Actual DVBE Participation and applicable DVBE certification(s)</p> <p>and/or</p> <p>9b - Good Faith Effort with required documentation</p>	<p>Read and carefully follow the completion instructions in Attachment 9. Attach the documentation that is required for the form(s) that are submitted. One and/or both of these two forms may be required. Submission of these forms only applies to contract awards that equal \$10,000 or more for the entire contract term.</p>

Attachment and/or Documentation	Instructions
10a-Non-Small Business Subcontractor Preference Request 10b-Small Business Subcontractor / Supplier Acknowledgement	Submission of these forms is optional. Read and carefully follow the completion instructions in Attachments 10, 10a, and 10b. Complete and return Attachments 10a and 10b only if the bidding firm is a not a certified small business but is requesting a subcontractor bidding preference by committing to use one or more certified small business subcontractors for an amount equal to at least 25% of the total bid price.
11 - Target Area Contract Preference Act Request	Submission of this form is optional. Complete and return this form, only if the proposing firm is based in California, and the total bid price is \$100,000 or more, and CDHS has not pre-set any part of the work location, and the Proposer wishes to apply for TACPA preference.
12 - Enterprise Zone Act (EZA) Preference Request	Submission of this form is optional. Complete and return this form, only if the proposing firm is based in California, and the total bid price is \$100,000 or more, and CDHS has not pre-set any part of the work location, and the Proposer wishes to apply for EZA preference.

L. Cost Proposal Format and Content Section

1. General Instructions

- a. Each firm or individual shall submit only one Cost Proposal. For the purpose of this paragraph, "firm" includes a parent corporation or firm and any other subsidiary of that parent corporation. If a firm or individual submits more than one Cost Proposal, CDHS will reject all proposals submitted by that firm or individual.
- b. Develop Cost Proposal by following all RFP instructions and/or clarifications issued by CDHS in the form of question and answer notices, clarification notices, Administrative Bulletins or RFP addenda.
- c. Before submitting the Cost Proposal, seek timely written clarification of any requirements or instructions that you believe to be vague, or unclear, or that you do not fully understand.
- d. Arrange for the timely delivery of your Cost Proposal to the address specified in this RFP. Do not wait until shortly before the deadline to submit the Cost Proposal. The Cost Proposal is to be submitted at the same time the Narrative Proposal is submitted.
- e. CDHS requires the submission of a Cost Proposal for all major areas that are bid as listed in RFP Section L..4, Cost Proposal Bid Price Forms.
- f. The ACS bid prices shall not be included in the total bid price.
- g. A separate Transmittal Letter is required for the Cost Proposal. The Transmittal Letter ~~should~~must be a business letter using a standard business format from the legal entity that would be the Contractor. The purpose of the letter is to transmit and legally bind the Proposer to Cost Proposal. The letter should be brief and signed by a person(s) authorized to legally bind the Proposer to the Cost Proposal. The letter must include:

- 1) A certification that the Proposer has not and shall not disclose any information regarding the Cost Proposal to any person or entity outside of the Proposer business;
- 2) The Proposer must also certify that it did not and will not make any effort to induce any person or entity to bid or not bid or bid at or above a certain price or rate;
- 3) Contain a statement that the Proposer is aware that all prices contained in the Cost Proposal are fixed prices;
- 4) The letter should state that Attachments 16-1 to 16-11 are complete and provided in a separate sealed package.

Please note that the Transmittal Letter must not contain any financial information regarding the bid price(s) contained in the Cost Proposal.

- h. The Cost Proposal shall be separated into two (2) separate packages when submitted to CDHS by the Proposers:
 - 1) The first package shall be a separate sealed envelope containing the Cost Proposal Transmittal Letter.
 - 2) The second package shall be in a sealed box containing the Cost Proposal Bid Price Forms as detailed in RFP Section L.4.

2. Format Requirements

- a. Submit one (1) original set, five (5) copies and one (1) CD-ROMs of the Cost Proposal bid price forms as follows:

Note: The CD-ROM versions must be identical to the original hard copy of the Cost Proposal.

- 1) Assemble the original set and five (5) copies of the Cost Proposal bid price forms as instructed in RFP Section L..4. Clearly label the original as "Original Set".
- 2) The original set and five (5) copies of the Cost Proposal bid price forms must be submitted in a separate package apart from the Narrative Proposal, under sealed cover, with the signature of a person(s) authorized to legally bind the Proposer (Contractor).
- 3) Proposers shall also submit one (1) copy of the Cost Proposal bid price forms on CD-ROM. The CD-ROM shall be in Microsoft Excel spreadsheet format. The Cost Proposal CD-ROM must be packaged separately from the Narrative Proposal CD-ROM.
- 4) The Cost Proposal bid price forms listed under RFP Section L..4 must be in separate package and distinctly marked as follows on the exterior of the package:

COST PROPOSAL
FOR THE
HEALTH CARE OPTIONS PROGRAM
RFP #06-55000

- 5) If you have multiple Cost Proposal packages, each package must be identified, (e.g., Box 1 of 12, Box 2 of 12, etc.).

b. Format the Cost Proposal as follows:

- 1) Enter your costs on the bid price forms. OMCP will provide Proposers a disk containing the bid price forms that contain the embedded formulas on a protected disk. Proposers may request the disk in Excel format by contacting OMCP at (916) 552-8006. CDHS will provide these disks to Proposers at no cost.
- 2) Hard copy pages must be printed single-sided on white bond paper.
- 3) Bind the Cost Proposal bid price forms in a way that enables easy page removal. The proposal must be submitted three-hole punched in loose leaf or three ring binders.

c. Certain documents that must be submitted as part of the Cost Proposal need a signature. Required signature(s) must be signed in blue ink.

- 1) Have the person who is authorized to bind the Proposer sign each original Cost Proposal document or bid price form that requires a signature. Signature stamps are not acceptable.
- 2) Place the originally signed documents in the Cost Proposal set marked "Original Set".
- 3) The signed original RFP documents in the original set may be photocopied for placement in the five (5) copies.

3. Restrictions on Bid Price Forms Using Base Volume Method of Payment (BVMP).

CDHS shall reject Cost Proposals that it determines are not representative of the Proposer's cost.

- a. For each phase of the contract, the CDHS will define a base volume range, a maximum volume range (plus level), and a minimum volume range (minus level).,
 1. The Proposer shall bid a single price for the base volume range which will provide for full payment for all services and expenses incurred in providing the defined product or service within the base range volume for each contract phase. **(Please note that this is not a per unit price.)**

The base volume range payment establishes a payment that will be increased or decreased on a per unit basis for volume levels above and below maximum or minimum volume levels of the base volume range respectively.
 2. The Proposer shall provide a **price reduction for each unit** of product or service below the base volume range, the minus level.
 3. The Proposer shall provide a **price increase for each unit** of product or service above the base volume range, the plus level.

The following is an example:

	MINIMUM	MAXIMUM
PLUS LEVEL RANGE	1,170,001	1,370,001
BASE VOLUME RANGE	900,000	1,170,000
MINUS LEVEL RANGE	699,000	899,999

Assume that the Proposer bids \$1,200,000 for the Base Volume Range, a \$.25 reduction for each unit in the minus level and a \$1.35 increase for each unit in the plus level. Under the three (3) examples below, at the end of the bid phase the Proposer would have been paid the following amounts over the life of the phase as follows (payment will be made on a monthly schedule to be explained later):

Volume is Above the Base Volume Range (Plus Level)

Transactions for the Phase		1,270,000
Highest Base Volume Range	-	1,170,000
Transactions Above the Base Volume Range		100,000
Per Unit Plus Level Bid	x	\$1.35
Plus Level Payment		\$135,000
Base Volume Range Bid	+	\$1,200,000
Total Payment:		\$1,335,000

Volume is Within the Base Volume Range

Transactions for the Phase		1,100,112
Base Volume Range Bid		\$1,200,000
Total Payment		\$1,200,000

Volume is Below Base Volume Range (Minus Level)

Transactions for the Phase		800,000
Lowest Base Volume Range	-	900,000
Transactions Below the Base Volume Range		- 100,000
Per Unit Minus Level Bid	x	\$.25
Plus Level Payment		-\$25,000
Base Volume Range Bid	+	\$1,200,000
Total Payment		\$1,175,000

b. Cost Allocation

To prevent an inequitable distribution of cost for Enrollment/Disenrollment Transactions, HCO Informing Packet Mailings, Telephone Call Center and payments for the Enrollment Services Representatives, the Proposer is barred from submitting a bid price for any phase or extension that is less than 90% of the annualized bid price of the first phase bid price. Hourly pricing does not require annualization. For purposes of calculating the annualized rate, the first phase bid price (the identified evaluation price) shall be divided by the number of months in the first phase and then multiplied by twelve (12). Failure to comply with the minimum price bid may cause a proposal to be deemed nonresponsive.

This amount should be reported under the Minimum Base Volume Range Bid or Minimum Hourly Bid Price, on Attachments 16-2, 16-3, and 16-4, as appropriate.

Calculation Example:

In keeping with the example under Section 3, the Base Volume Range Bid for the first year is reported as \$1,200,000. The first phase is identified to be an eight (8) month period.

$$\$1,200,000 \div 8 = \$150,000 \text{ per month}$$

$\$150,000 \times 12 = \$1,800,000$ the annualized rate for the first phase.

$1,800,000 \times 90\% = \$1,620,000$ The minimum annualized bid price any future year under this example.

The Minimum Hourly Bid Price is calculated in similar manner. Because the Minimum Hourly Bid Price is not annualized, the first phase bid amount is simply multiplied by 90%.

Calculation Example

The first phase Enrollment Services Representatives Group Bid Price is \$20 per service representative.

$\$20.00 \times 90\% = \18.00 The minimum bid price in any future year under this example.

This amount should be reported under the Minimum Base Volume Bid or Minimum Hourly Bid, as appropriate.

- 1) CDHS, at its sole discretion, may request supporting documentation or reject any proposal in which bid prices are not allocated in a justifiable manner.

4. Cost Proposal Bid Price Forms

For those areas bid in the Cost Proposal, the Proposer shall complete the following Cost Proposal Bid Price forms, which can be found under the Attachment Section of this RFP. One (1) original set, five (5) copies and one (1) CD-ROM of the Cost Proposal shall be submitted in a different package than the package containing the Narrative Proposal.

The Bid Price forms shall be in the order listed below:

a. TAKEOVER BID PRICE, ATTACHMENT 16-1

The Proposer shall enter a proposed bid price for Takeover on Attachments 16-1, Takeover Bid Price and 16-9, Total Price Bid. The Takeover bid price shall not exceed \$6,000,000 and shall be subject to the CDHS review and approval. The Contractor will be required to submit a detailed listing of all Takeover expenses to OMCP within five (5) business days after the Intent to Award. This listing shall be used to adjust the bid price in the event that the incumbent is the successful bidder for the replacement of this Contract and the CDHS determines that certain Takeover requirements are not necessary. There shall be no adjustments to the Contractors Operations bid price for any Takeover cost disallowed by CDHS. The Takeover bid price will **not** be a consideration in the evaluation of the Cost Proposal.

b. OPERATIONS BID PRICE – ENROLLMENT/DISENROLLMENT TRANSACTIONS, ATTACHMENT 16-2

The Proposer shall enter a Base Volume Price for Enrollment/ Disenrollment Transactions for the Base Volume Range/Level for each phase identified on Attachments 16-2, Operations Bid Price – Enrollment/Disenrollment Transactions and 16-8, Consolidated Operations. **This bid price shall not be a per unit price.** The bid price for each phase shall be evaluated against the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, b, Stage 5 – Determining Cost Proposal Points Earned.

The Base Volume Price for Phase 1 should be used to calculate the Minimum Base Volume Bid Price as explained under Section L.3.b, Cost Allocation. The Minimum Base Volume Bid Price should be reported under “Minimum Base Volume Bid Price” located in the upper right corner on Attachments 16-2 through 16-4. (Please note that none of the Base Volume Price for Phase 2 through Extension 3 should be less than the Minimum Base Volume Bid Price.)

The Proposer shall also enter a plus level unit price for each phase. The bid price for the plus level shall increase the Base Volume Price for each actual Transaction above the identified maximum base volume range for that phase. **The plus level price shall be a per unit price bid.**

The evaluation of the plus level unit price is achieved by multiplying the maximum number of the plus level transactions by the unit price and then adding that amount to base volume bid price for each phase. This amount is then compared to the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, c, Stage 5 – Determining Cost Proposal Points Earned.

The Proposer shall also enter a minus level unit price for each phase. The bid price for the minus level shall reduce the Base Volume Price for each actual transaction below the identified minimum base volume range/level for that phase. **The minus level price shall be a per unit price.**

The evaluation of the minus level unit price is achieved by determining the maximum number of minus level transactions. Those transactions are then multiplied by the unit price. This amount is then subtracted from the Base Volume Price to establish the evaluation price for each phase. This amount is then compared to the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, d, Stage 5 – Determining Cost Proposal Points Earned.

c. OPERATIONS BID PRICE – HCO PROGRAM INFORMING PACKET MAILINGS, ATTACHMENT 16-3

The Proposer shall enter a Base Volume Price for HCO program Informing Packet Mailings for the Base Volume Range/Level for each phase identified on Attachments 16-3, Operations Bid Price – HCO Program Informing Packet Mailings and 16-8, Consolidated Operations. **This bid price shall not be a per unit price.** The bid price for each phase shall be evaluated against the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, b, Stage 5 – Determining Cost Proposal Points Earned.

The Base Volume Price for Phase 1 should be used to calculate the Minimum Base Volume Bid Price as explained under Section L.3.b, Cost Allocation. The Minimum Base Volume Bid Price should be reported under “Minimum Base Volume Bid Price” located in the upper right corner on Attachments 16-2 through 16-4. (Please note that none of the Base Volume Price for Phase 2 through Extension 3 should be less than the Minimum Base Volume Bid Price.)

The Proposer shall also enter a plus level unit price for each phase. The bid price for the plus level shall increase the Base Volume Price for each actual packet mailed above the identified maximum base volume range for that phase. **The plus level price shall be a per unit price bid.**

The evaluation of the plus level unit price is achieved by multiplying the maximum number of the plus level units by the unit price and then adding that amount to Base Volume Price for each phase. This amount is then compared to the lowest bid price of

any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, c, Stage 5 – Determining Cost Proposal Points Earned.

The Proposer shall also enter a minus level unit price for each phase. The bid price for the minus level shall reduce the Base Volume Price for each actual packet mailed below the identified minimum base volume range/level for that phase. **The minus level price shall be a per unit price.**

The evaluation of the minus level unit price is achieved by determining the maximum number of minus level units. Those units are then multiplied by the unit price. This amount is then subtracted from the Base Volume Price to establish the evaluation price for each phase. This amount is then compared to the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, d, Stage 5 – Determining Cost Proposal Points Earned.

d. OPERATIONS BID PRICE – TELEPHONE CALL CENTER – ATTACHMENT 16-4

The Proposer shall enter a Base Volume Price for Telephone Call Center for the Base Volume Range/Level for each phase identified on Attachments 16-4, Operations Bid Price – Telephone Call Center and 16-8, Consolidated Operations. **This bid price shall not be a per unit price.** The bid price for each phase shall be evaluated against the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, b, Stage 5 – Determining Cost Proposal Points Earned.

The Base Volume Price for Phase 1 should be used to calculate the Minimum Base Volume Bid Price as explained under Section L.3.b, Cost Allocation. The Minimum Base Volume Bid Price should be reported under “Minimum Base Volume Bid Price” located in the upper right corner on Attachments 16-2 through 16-4. (Please note that none of the Base Volume Price for Phase 2 through Extension 3 should be less than the Minimum Base Volume Bid Price.)

The Proposer shall also enter a plus level unit price for each phase. The bid price for the plus level shall increase the Base Volume Price for each actual transaction above the identified maximum base volume range for that phase. **The plus level price shall be a per unit price bid.**

The evaluation of the plus level unit price is achieved by multiplying the maximum number of the plus level units by the plus unit price and then adding that amount to Base Volume Price for each phase. This amount is then compared to the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, c, Stage 5 – Determining Cost Proposal Points Earned.

The Proposer shall also enter a minus level unit price for each phase. The bid price for the minus level shall reduce the Base Volume Price for each actual transaction below the identified minimum base volume range/level for that phase. **The minus level price shall be a per unit price.**

The evaluation of the minus level unit price is achieved by determining the maximum number of minus level units. Those units are then multiplied by the minus unit price. This amount is then subtracted from the Base Volume Price to establish the evaluation price for each phase. This amount is then compared to the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, d, Stage 5 – Determining Cost Proposal Points Earned.

e. OPERATIONS BID PRICE – MEDI-CAL PUBLICATIONS MANAGEMENT SERVICES – ATTACHMENT 16-5

The Proposer shall enter a bid price for Medi-Cal Publications Management Services for each phase identified on Attachment 16-5, Operations Bid Price – Medi-Cal Publications Management Services and 16-8, Consolidated Operations. The bid price for each phase shall be evaluated against the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, a, Stage 5 – Determining Cost Proposal Points Earned.

f. HOURLY REIMBURSEMENT BID PRICE – ENROLLMENT SERVICES REPRESENTATIVES, ATTACHMENT 16-6

The Proposer shall enter an hourly rate bid price for Enrollment Services Representatives for each phase identified on Attachment 16-6, Hourly Reimbursement Bid Price – Enrollment Services Representatives and 16-9, Total Bid Price. The bid price for each phase shall be evaluated against the lowest bid price of any Proposer for the same phase with points awarded on a proportional basis as identified in Section N, 5, a, Stage 5 – Determining Cost Proposal Points Earned.

The Hourly Rate per Hour for Phase 1 should be used to calculate the Minimum Hourly Rate Bid Price as explained under Section L.3.b. Cost Allocation. The Minimum Hourly Rate Bid Price should be reported under “Minimum Hourly Rate Bid Price” located in the upper right corner on Attachment 16-6. (Please note that none of the Hourly Rate per Hour for Phase 2 through Extension 3 should be less than the Minimum Hourly Rate Bid Price)

g. TURNOVER BID PRICE, ATTACHMENT 16-7

The Proposer shall enter a proposed bid price for Turnover on Attachment 16-7, Turnover Bid Price and 16-9, Total Bid Price. The Turnover Bid Price shall be subject to the CDHS review and approval. The Contractor will be required to submit a detailed listing of all Turnover expenses to OMCP within five (5) business days after the Intent to Award. This listing shall be used to adjust the bid price in the event that the incumbent is the successful bidder for the replacement of this Contract and the CDHS determines that certain Turnover requirements are not necessary.

h. CONSOLIDATED OPERATIONS BID PRICE, ATTACHMENT 16-8

The Proposer must enter the Base Volume Prices for each phase from Attachments 16-2 through 16-5 on Attachment 16-8.

Attachment 16-8 shall not be used in the evaluation but will be used by CDHS in the execution of the successful bidder's contract.

i. TOTAL BID PRICE, ATTACHMENT 16-9

The Proposer shall transfer various bid amounts and totals from the above-mentioned attachments to Attachment 16-9. These amounts should be added together to arrive at the total cost proposal bid price.

Attachment 16-9 shall not be used in the evaluation but will be used by CDHS in the

execution of the successful bidder's contract.

j. ADDITIONAL CONTRACTUAL SERVICES (ACS) BID PRICE, ATTACHMENT 16-10

The Proposer shall enter a separate, stand-alone proposed bid price for the Design, Development, Implementation and Operations for each mandatory ACS on Attachment 16-10 with the exception of those items paid under Cost Reimbursement. The bid prices for Operations shall be proposed for each phase identified on Attachment 16-10. The ACS bid prices shall be a consideration in the evaluation of the Cost Proposal ~~but~~ and must be submitted with the Cost Proposal.

The CDHS may request cost data to substantiate the bid price for an ACS. The Proposer must supply such cost data from the escrow account, except to the extent that the cost data requested contains confidential, proprietary, or trade secret information. In that event, the CDHS review of the parts of the cost data that the Proposer claims are proprietary shall be governed by this RFP, Section D, Proposer Questions.

k. ADDITIONAL CONTRACTUAL SERVICES (ACS) – CONTRACTOR PROPOSED BID PRICE, ATTACHMENT 16-11

The Proposer shall enter a separate, stand-alone proposed bid price for the Design, Development, Implementation and Operations for each Contractor proposed ACS on Attachment 16-11 with the exception of those items paid under Cost Reimbursement. The bid prices for Operations shall be proposed for each phase identified on Attachment 16-11. The ACS bid prices shall not be a consideration in the evaluation of the Cost Proposal but must be submitted with the Cost Proposal.

The CDHS may request cost data to substantiate the bid price for an ACS. The Proposer must supply such cost data from the escrow account, except to the extent that the cost data requested contains confidential, proprietary, or trade secret information. In that event, the CDHS review of the parts of the cost data that the Proposer claims are proprietary shall be governed by this RFP, Section D, Proposer Questions.

5. Escrow Bid Documents

The Contractor identified in the Notice of Intent to Award shall submit to the CDHS, within three (3) calendar days after the posting of the Notice of Intent to Award, one (1) copy of all documentary information developed by the Contractor in preparation of bid prices for this procurement. This material is hereinafter referred to as "Escrow Bid Documents." The Escrow Bid Documents of the apparent successful Proposer will be held in escrow for the duration of the Contract. All other Proposers not identified in the Notice of Intent to Award shall be prepared to submit Escrow Bid Documents upon request of the CDHS, in the event the Contract is not awarded to the Contractor identified in the Notice of Intent to Award. Escrow Bid Documents will be used to assist in the negotiation for the settlement of claims, in the resolution of disputes, and in Change Order/Amendment pricing. They will not be used for pre-award evaluation of the bidder's anticipated method of operations or to assess the Proposer's qualifications for performing the work.

The successful Proposer agrees, as a condition of award of the Contract, that the Escrow Bid Documents constitute all of the information used in preparation of the bid, and that no other bid preparation information will be considered in resolving claims, disputes, Change Orders and Amendments negotiations. Nothing in the Escrow Bid Documents shall change or modify the terms or conditions of the Contract.

If the Proposer's proposal is based on subcontracting any part of the work, each subcontractor, whose total subcontract price exceeds the lesser of five percent (5%) of the

total Contract price proposed by the Proposer shall provide separate Escrow Bid Documents to be submitted with those of the Proposer. These submittals will be examined in the same manner and at the same time as the examination for the apparent successful Proposer.

M. Proposal Submission

1. General Instructions

- a. Assemble the Original Set, five (5) copies, and the one (1) CD-ROM of your Narrative Proposal according to the instructions in RFP Section K.2. Assemble the Original Set, five (5) copies and the one (1) CD-ROM of your Cost Proposal according to the instructions in RFP Sections L.2, L.3. and L.4.

Note: The CD-ROM versions must be identical to the original hardcopy of the Narrative Proposal and Cost Proposals.

- b. Package your Proposal as instructed in RFP Section K.2. Package your Cost Proposal as instructed in RFP Section L.2.
- c. Mail or arrange for hand delivery of your proposal to the California Department of Health Services, Office of Medi-Cal Procurement. Proposals may not be transmitted electronically by fax or email.
- d. The Office of Medi-Cal Procurement must receive your proposal, regardless of postmark or method of delivery, by **4:00 p.m. on March 9, 2007**. Late proposals will not be reviewed or scored.
- e. Label and submit your proposal using one of the following methods.

Hand Delivery or Overnight Express:	U.S. Mail:
Proposal RFP 06-55000 Department of Health Services Mail Station 4200 Office of Medi-Cal Procurement Karissa Kanenaga/Ramonda Ramos 1501 Capitol Avenue, Suite 71.3041 Sacramento, CA 95814	Proposal RFP 06-55000 Department of Health Services Mail Station 4200 Office of Medi-Cal Procurement Karissa Kanenaga/Ramonda Ramos P.O. Box 997413 Sacramento, CA 95899-7413

f. Proposer warning

Proposers are responsible for ensuring that submissions are received by the OMCP itself by the deadline set forth above. Delivery to a Division, Branch, Section, Unit, Office, or area of CDHS other than OMCP shall not constitute receipt by OMCP. Note the following information regarding deliveries of submissions:

- 1). CDHS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If the Narrative Proposal is mailed, consider using certified or registered mail and request a receipt upon delivery.
- 2) For hand deliveries, allow sufficient time to locate on-street metered parking and to sign-in at the security desk. Ask security personnel to call Karissa Kanenaga/Ramonda Ramos at (916) 552-8006 to arrange for proposal pickup and receipt issuance. Proposers are warned not to surrender their proposals in the care

of a person other than CDHS Office of Medi-Cal Procurement staff. Please refer to Appendix 6 for a map of the delivery location.

- 3) Due to parking restrictions at this location, express delivery companies (Fed Ex, UPS, DHL, etc.) deliver to the building's loading dock area. CDHS' internal processing of express deliveries may add 12-24 hours to the delivery time, and should be considered when determining your shipping date and time.

2. Proof of timely receipt

- a. CDHS staff will log and attach a date/time stamped slip or bid receipt to each proposal package/envelope received. If a proposal envelope or package is hand delivered, CDHS staff will give a bid receipt to the hand carrier upon request.
- b. To be timely, CDHS' Office of Medi-Cal Procurement must receive each proposal at the stated delivery address no later than 4:00 p.m. on the proposal submission due date. Neither delivery to the Department's mailroom or U.S. postmark will serve as proof of timely delivery.
- c. CDHS will deem late proposals nonresponsive.

3. Proposer costs

Proposers are responsible for all costs of developing and submitting a proposal. Such costs cannot be charged to CDHS or included in any cost element of a Proposer's Cost Proposal.

N. Evaluation and Selection

A multiple stage evaluation process will be used to review and/or score narrative proposals. CDHS will reject any proposal that is found to be nonresponsive at any stage of evaluation.

A separate evaluation committee will be used for all stages during the evaluation and selection process. The evaluation committee is comprised of four groups:

The **Preliminary Review Committee (PRC)** consists of team leads from OMCP and Payment Systems Division (PSD) and conducts the Stage 1 review.

The **Evaluation Scoring Committee (ESC)** consists of Health Care Options Section staff and CDHS staff working in other areas of the Medi-Cal program. The ESC conducts the review of the proposals.

The **Rating Review Committee (RRC)** consists of OMCP management staff and members of the PRC. The RRC will interact with the ESC throughout the evaluation process.

The **Executive Review Committee (ERC)** consists of CDHS management officials. The ERC may, at the ERC members' discretion, review evaluation and selection processes and recommended scores for each proposal throughout the procurement process. The review is to assure all appropriate processes have been followed. Additionally, the ERC may seek independent review or advice from individuals within CDHS or elsewhere regarding issues including, but not limited to, procurement policy matters, Narrative and/or Cost Proposal deficiencies, and acceptability.

1. Stage 1 – Required Attachment / Certification Checklist review

- a. Shortly after the proposal submission deadline, the PRC will convene to review each proposal for timeliness, completeness and initial responsiveness to the RFP requirements. This is a pass/fail evaluation.
- b. In this review stage, the PRC will compare the contents of each proposal to the claims made by the Proposer on the Required Attachment / Certification Checklist to determine if the Proposer's claims are accurate.
- c. If deemed necessary, the PRC may collect additional documentation (i.e., missing forms, missing data from RFP attachments, missing signatures, etc.) from a Proposer to confirm the claims made on the Required Attachment / Certification Checklist and to ensure that the proposal is initially responsive to the RFP requirements.
- d. If a Proposer's claims on the Required Attachment / Certification Checklist cannot be proven or substantiated, the proposal will be deemed nonresponsive and rejected from further consideration.

2. Stage 2 – Narrative Proposal Evaluation/Scoring

- a. Narrative proposals that meet the basic format requirements, initial qualification requirements and contain the required documentation, as evidenced by passing the Stage 1 review, will be submitted to the ESC.

The ESC will individually and/or as a team review, evaluate and numerically score Narrative Proposals based on the Narrative Proposal's adequacy, thoroughness, and the degree to which it complies with the RFP requirements.

- b. The ESC will use the following scoring system to assign points. Following this chart is a list of considerations that the ESC may take into account when assigning individual points to a Narrative Proposal.

Points	Interpretation	General basis for point assignment
0	Inadequate	Proposal response (i.e., content and/or explanation offered) is inadequate or does not meet CDHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.
1	Barely Adequate	Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets CDHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s), may be consequential but are acceptable.
2	Adequate	Proposal response (i.e., content and/or explanation offered) is adequate or meets CDHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.
3	More than Adequate	Proposal response (i.e., content and/or explanation offered) is more than adequate or fully meets CDHS' needs/requirements or expectations.

Points	Interpretation	General basis for point assignment
4	Excellent or Outstanding	Proposal response (i.e., content and/or explanation offered) is well above average or exceeds CDHS' needs/requirements or expectations. Proposer offers one or more enhancing features, methods or approaches that will enable performance to exceed CDHS' basic expectations.

- c. In assigning points for individual Evaluation Questions, the ESC may consider issues including, but not limited to, the extent to which a Narrative Proposal response:
- 1) Is lacking information, lacking depth or breadth or lacking significant facts and/or details, and/or;
 - 2) Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies, and/or;
 - 3) Demonstrates that the Proposer understands CDHS' needs, the services sought, and/or the Contractor's responsibilities, and/or;
 - 4) Illustrates the Proposer's capability to perform all services and meet all Scope of Work requirements, and/or
 - 5) If implemented, will contribute to the achievement of CDHS goals and objectives; and/or
 - 6) Demonstrates the Proposer's capacity, capability and/or commitment to exceed regular service needs (i.e., enhanced features, approaches, or methods; creative or innovative business solutions).
- d. Below are the point values and weight values for each rating category that will be scored.

The Narrative Proposal Score represents approximately sixty percent (60%) of the Total Point Score. The Narrative Proposal will be scored on a scale of 0 to 1093 points, as follows:

Rating Category	Points	X	Weight	=	Total
Executive Summary	24	X	1.0	=	24
Agency Capability	36	X	1.5	=	54
Management	12	X	1.5	=	18
Project Personnel	64	X	1.5	=	96
Facilities and Resources	36	X	1.0	=	36
Financial Stability Plan	36	X	.5	=	18
Additional Contractual Services (ACS)	28	X	.25	=	7
Work Plan	420	X	2.0	=	840
Total Possible Points					1093

The final Narrative Proposal Scores shall be rounded to two (2) decimal places.

3. Stage 3 - Additional Contractual Services (ACS)

- a. Points awarded during the ACS evaluation will be based upon the degree to which the ACS improves:

- 1) Beneficiary education and enrollment services;
- 2) Ability to administer the Contract;
- 3) The level and efficiency of completing processes described in this RFP;
- 4) Systematic control of program costs.

b. Assumptions

- 1) The ACS will be subject to further evaluation, including a cost analysis to determine if the benefit derived from implementation of the ACS is worth the cost of development. This further evaluation will occur after the Notice of Intent to Award is posted.
- 2) Prices for ACSs will be included in the calculation of the total evaluated price used in Cost Proposal scoring.

c. The ESC will evaluate the following questions to score an ACS.

Additional Contractual Services (ACS)	Points Possible	Total Possible Points Earned
To what extent is the ACS an improvement of existing HCO Program Operations?	0-4	4
To what extent is the ACS consistent with CDHS policy?	0-4	4
To what extent is the ACS consistent with the requirements and intent of the RFP?	0-4	4
To what extent does the ACS allow for CDHS monitoring and auditing?	0-4	4
To what extent is the ACS in the best interest of CDHS?	0-4	4
To what extent is the ACS feasible to implement?	0-4	4
To what extent does the ACS show an understanding of the HCO Program Operations and its related processes?	0-4	4
ACS Score	28 Points Earned x .25 Weight = 7	

4. Stage 4 - Cost Proposal Evaluation

The Cost Proposal evaluation consists of two parts.

- a. The PRC will review each Cost Proposal for completeness and responsiveness to the RFP requirements.
 - 1) The PRC will compare the contents of each Cost Proposal to the claims made by the Proposer on Required Attachment/Certification Checklist, Attachment 2, to determine if the Proposer's claims are accurate.

- 2) If a Proposer's claims on the Required Attachment/Certification Checklist, Attachment 2b, cannot be proven or substantiated, the Cost Proposal may, at CDHS' sole discretion, be deemed non-responsive and the entire proposal rejected from further consideration.
 - 3) If a Proposer fails to submit a complete Cost Proposal in CDHS' prescribed format, its Cost Proposal, may, at CDHS' sole discretion, be deemed non-responsive and the entire proposal rejected from further consideration.
- b. After it has been determined that the Cost Proposal is complete and in compliance with the RFP instructions, the ESC will:
- 1) Review the Cost Proposal to ensure that it contains nothing that changes how the Contract payment structure operates, the incentives provided in the payment structure, or the Proposer's demonstrated ability to perform the Contract (Contractor responsibility).
 - 2) Evaluate whether the Proposer states its awareness that all prices contained in its proposal are fixed.
 - 3) In the event of arithmetic or transposition errors, CDHS will interpret numbers contained in the Cost Proposal in the manner described in CDHS Rights, section P.9.d.1, Correction of Clerical or Mathematical Errors.
 - 4) The maximum amount of points that can be earned from the Cost Proposal is 728.6667 points. The Cost Proposal Score represents forty percent (40%) of the Total Proposal Score. Cost scores shall be calculated to at least four decimal places with the Final Cost Proposal Scores rounded to two (2) decimal places.

5. Stage 5 - Determining Cost Proposal Points Earned

a) Total Price or Single Price per Phase

The method for determining points awarded for the cost section is based on the lowest bidder receiving the maximum points allowed for the bid price under consideration. All other non-lowest Proposers shall receive a proportional number of points based on their bid price when compared to the lowest bid price. This can be expressed mathematically as:

$\text{Lowest Bid Price} \div \text{Bidder's Price} = \text{Percentage of Maximum Points Available}$

$\text{Percentage of Maximum Points Available} \times \text{Maximum Points Available} = \text{Points Earned}$

Points are assigned by CDHS for each price to be evaluated and may vary from Phase to Phase or Service to Service.

Calculation Example (Single Price per Phase):

Proposer A bids \$800,000 for Phase 1 for Service X.
 Proposer B bids \$1,000,000 for Phase 1 for Service X.
 Maximum Points Available 50 Points

Proposer A Earns $\$800,000 \div \$800,000 = 100\% \times 50 \text{ Points} = 50 \text{ points}$
 Proposer B Earns $\$800,000 \div \$1,000,000 = 80\% \times 50 \text{ Points} = 40 \text{ points}$

This is repeated for each phase or extension bid.

b) Determining Cost Proposal Points Earned When Using Base Volume Pricing

When determining points for base volume pricing the same concept is used as those explained above. However interdependence of the plus level and minus level to the base range bid requires that additional calculations be made in determining the points to be awarded.

CDHS shall assign points to be earned to the plus level, the minus level and the base volume price of each phase or extension of service requested. Each phase extension shall be evaluated separately and compared to the lowest bidder for that phase or extension with each of the three levels compared as described below.

The criteria for evaluating the base volume pricing shall be as follows:

$$\text{Lowest Bidder's Base Volume Price} \div \text{Bidder's Base Volume Price} = \text{Percentage of Points of Assigned Points Available}$$

$$\text{Percentage of Points Assigned Available} \times \text{Assigned Points Available} = \text{Points Earned}$$

Example:

Phase 1 (Base Volume Range)

Proposer A bids \$900,000 for Phase 1 for the Base Volume Range.

Proposer B bids \$1,200,000 for Phase 1 for the Base Volume Range.

Maximum Points Available/Assigned 80 Points

Proposer A Earns $\$900,000 \div \$900,000 = 100\% \times 80 \text{ Points} = 80 \text{ points}$

Proposer B Earns $\$900,000 \div \$1,200,000 = 75\% \times 80 \text{ Points} = 60 \text{ points}$

c) Criteria for Evaluating the Plus Level

The criteria for evaluating the plus level shall be as follows:

The incremental price increase bid shall be multiplied by the maximum number of units on which CDHS shall pay on plus level units. The maximum plus level number of units is calculated as follows.

$$\text{Maximum Plus Level Units Less Maximum Base Range Level} = \text{Maximum Number of Plus Level Units (Plus Level Payable Units) on which CDHS Shall Pay The Plus Level Payable Units is then multiplied by the bid price for that phase or extension and added to the Base Volume Range Price to determine the evaluation price.}$$

Example

For Phase 1 (Plus Level)

Maximum Base Volume Range 1,000, 000 units.

Maximum Plus Level of production Range 1,200, 000 units

$$1,200,000 \text{ Units} - 1,000,000 \text{ Units} = 200,000 \text{ Plus Level Payable Units}$$

Proposer A bids \$ 1.00.per plus level unit.

Proposer B bids \$ 0.50 per plus level unit.

Proposer A bids \$900,000 for Phase 1 for the Base Volume Price.

Proposer B bids \$1,200,000 for Phase 1 for the Base Volume Price.

Proposer A $\$1.00 \times 200,000$ Plus Level Payable Units = \$ 200,000 + \$900,000 for Phase 1 for the Base Volume Price = \$1,100,000 Evaluation Price.

Proposer b $\$0.50 \times 200,000$ Plus Level Payable Units = \$ 100,000 + \$1,200,000 for Phase 1 for the Base Volume Price = \$1,300,000 Evaluation Price.

Maximum Points Available/Assigned 30 Points

Proposer A $\$1,100,000$ Lowest Evaluation Price./ $\$1,100,000$ A's Evaluation Price = 1.00×30 Points = 30 Points Earn for the Phase 1 Plus Range Bid

Proposer B $\$1,100,000$ Lowest Evaluation Price./ $\$1,300,000$ B's Evaluation Price = $.8462 \times 30$ Points = 25.3680 Points Earn for the Phase 1 Plus Range Bid.

d) Criteria for Evaluating the Minus Level

The criteria for evaluating the minus level shall be as follows:

The incremental price decrease bid shall be multiplied by the maximum number of units by which the minus level may be decreased. The maximum number minus level reduction units is calculated as follows.

Minimum Base Range Level less lowest Minimum Level = Minimum Number of Minus Level Units (Minus Level Reduction Units) by which CDHS shall reduce the Base Volume Range payment.

The Minus Level Reduction Units is then multiplied by the bid reduction price for that phase or extension and subtracted from the Base Volume Range Price to determine the evaluation price.

Example

For Phase 1 (Minus Level)

Minimum Base Volume Range 900, 000 units.

Minimum Minus Level 800, 000 units

$900,000 \text{ Units} - 800,000 \text{ Units} = 100,000 \text{ Minus Level Reduction Units}$

Proposer A bids \$ 0.05.per minus level units.

Proposer B bids \$ 1.00. per minus level units.

Proposer A bids \$900,000 for Phase 1 for the Base Volume Price.

Proposer B bids \$1,200,000 for Phase 1 for the Base Volume Price.

Proposer A's Phase 1 for the Base Volume Price $\$900,000 - \$0.05 \times 100,000$ Minus Level Reduction Units = \$895,000 Evaluation Price.

Proposer B's Phase 1 for the Base Volume Price $\$1,100,000 - \$1.00 \times 100,000$ Minus Level Reduction Units = \$1,000,000 Evaluation Price.

Maximum Points Available/Assigned 15 Points

Proposer A \$895,000 Lowest Evaluation Price./ \$895,000 A's Evaluation Price =
1.00 X 15 Points = 30 Points Earn for the Phase 1 Plus Range Bid

Proposer B \$895,000 Lowest Evaluation Price./ \$1,000,000 B's Evaluation Price =
.8950 X 15 Points = 13.4250 Points Earn for the Phase 1 Plus Range Bid.

The process is repeated for each phase or extension for all base range price bids to which are to be evaluated.

6. Stage 6 – Combining Narrative Proposal Score and Cost Section Score

CDHS will combine the narrative proposal score to the final Cost Section score and will tentatively identify the firm with the highest combined proposal score from each of the earlier evaluation stage(s).

7. Stage 7 – Adjustments to Score Calculations for Bidding Preferences

- a. CDHS will determine which firms, if any, are eligible to receive a bidding preference (i.e., small business or non-small business subcontractor preference, "TACPA and/or EZA")
- b. To confirm the identity of the highest scored responsive Proposer, CDHS will adjust the total score for applicable claimed preference(s) for those Proposers eligible for bidding preferences. CDHS will apply preference adjustments to eligible Proposers according to State regulations following verification of eligibility with the appropriate office of the Department of General Services. More information about the allowable bidding preferences appears in the RFP section entitled, "Preference Programs".
- c. The overall price of Proposers claiming the Small Business Preference will be adjusted by the appropriate percentage in order to determine the lowest bid price after adjustment. This adjusted bid price will be used to calculate Cost Proposal point awards.

8. Stage 8 – Calculating the Total Proposal Score

The RRC will use the formula shown below to calculate Total Proposal Scores and to determine the highest scored proposal. The final Total Proposal Scores shall be rounded to two decimal places.

$$\begin{array}{r}
 \text{Narrative Score which equal a maximum of 60\% of the total score.} \\
 \text{Plus} \\
 \text{Cost Score which equal a maximum of 40\% of the total score.} \\
 \text{Equals} \\
 \text{Final Total Proposer Score} \\
 \text{Narrative Score (60\% of maximum points available-1093 points)} \\
 + \text{ Cost Score (40\% of maximum points available)-728.6667 points)} \\
 = \underline{\underline{\text{Final Total Proposer Score Maximum Points 1821.6667}}}
 \end{array}$$

O. Narrative Proposal Rating Factors

The ESC will use the following criteria to score each Narrative Proposal. Failure to meet minimum requirements will result in a zero score.

1. Executive Summary

Executive Summary Evaluation Questions (Not to exceed 3-5 pages)	Points Possible	Total Possible Points Earned
To what extent did the Proposer express, in its own words, its understanding of CDHS needs and the importance of this project?	0- 4	4
To what extent did the Proposer demonstrate the tangible results that it expects to achieve?	0-4	4
To what extent did the Proposer express a sincere commitment to perform this work in an efficient and timely manner?	0-4	4
To what extent did the Proposer demonstrate that it can effectively integrate this project into its current obligations and existing workload?	0-4	4
To what extent did the Proposer adequately explain why it should be chosen to undertake this project at this time?	0-4	4
To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?	0-4	4
Executive Summary Score	24 Points Earned X 1.0 Weight = 24	

2. Agency Capability

Agency Capability Evaluation Questions Section K.3.de.	Points Possible	Total Possible Points Earned
Upon reviewing the Proposer's description of its business history, to what extent are the Proposing firm's goals relevant, closely related, or will their goals complement this project?	0-4	4
From the experience described in its Proposal, to what extent does the Proposer possess sufficient experience in operating and managing a Medicaid, Medicare, or other health plan enrollment system(s)?	0-4	4
From the experience described in its Proposal, to what extent does the Proposer possess sufficient experience in designing, developing, operating, and managing a large-scale plan enrollment operation that is similar in scale and function to HCO Program described in this RFP?	0-4	4
From the experience described in its Proposal to what extent does the Proposer possess sufficient experience in operating and managing other government Contracts?	0-4	4
To what extent did the Proposer demonstrate that it has performed services in the past 3 years that were similar in nature or closely related to the RFP Scope of Work?	0-4	4

Agency Capability Evaluation Questions Section K.3.de.	Points Possible	Total Possible Points Earned
To what extent did the Proposer demonstrate that it has had experience establishing and maintaining effective working relationships with government entities, local community based organizations, and private nonprofit organizations?	0-4	4
To what extent did the Proposer's prior clients, as a whole, confirm their satisfaction with the Proposer's past work and did those clients indicate that they would use the Proposer's services again?	0-4	4
To what extent did the Proposer's prior clients confirm the Proposer's ability to deliver timely and effective services and deliverables?	0-4	4
To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?	0-4	4
Agency Capability Score		36 Points Earned X 1.5 Weight = 54

3. Management Plan


Management Plan Evaluation Questions Section K.3.f	Points Possible	Total Possible Points Earned
To what extent has the Proposer demonstrated its capability to effectively coordinate, manage and monitor the efforts of assigned staff (including subcontractors and consultants) to ensure that work is effectively completed and timely?	0-4	4
To what extent does the Proposer's organization chart submitted in the Appendix Section of its proposal describe distinct lines of authority and reporting relationships between management and all staff including subcontractors?	0-4	4
To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?	0-4	4
Management Plan Score		12 Points Earned X 1.5 Weight = 18


4. Project Personnel

Project Personnel Evaluation Questions Section K.3.g.	Points Possible	Total Possible Points Earned
To what extent does the Proposer describe its organizational structure and proposed staffing levels?	0-4	4
To what extent does the Proposer show that the proposed staff for each organizational unit represents the appropriate classification(s)?	0-4	4
To what extent does the Proposer show that the organizational structure provides for a logical division of responsibilities and workable reporting relationships?	0-4	4
To what extent does Proposer have acquisition methods to recruit and select staff?	0-4	4
To what extent does the proposed Staff Loading Chart assure that experienced and trained personnel are available to support all Takeover tasks and begin full HCO Program Operations?	0-4	4
To what extent does the Proposer show that the proposed acquisition methods ensure that staff hired is experienced, especially in the specialized areas?	0-4	4
To what extent does the Proposer show that contingency staffing plans are offered to ensure provision of service to beneficiaries, other interested parties and CDHS without interruption?	0-4	4
To what extent does the Proposer show that it has a senior management team for the Contract?	0-4	4
In reviewing the commitment of the Proposer's staff, to what extent does the Proposer guarantee an employee's assignment to the Contract will continue; i.e., an employee will be assigned to this Contract for at least two (2) years, and the Contractor Representative for at least three (3) years (excluding employee termination of all relationships with the Proposer or Proposer's subcontractors as they apply to this Contract)?	0-4	4
To what extent does the Proposer show that the Contractor Representative will have decision-making authority for administrative, operations and system decisions and ability to bind the Proposer?	0-4	4
To what extent does the Proposer show reporting relationships between the Contractor Representative and any subcontractors?	0-4	4
To what extent does the Proposer show reporting relationships between the Contractor Representative and the required management team staff?	0-4	4
To what extent does the Proposer's Contract priority statement show that this Contract will be of high priority to the Proposer and any parent corporations or subcontractors?	0-4	4

Project Personnel Evaluation Questions Section K.3.g.	Points Possible	Total Possible Points Earned
To what extent does the Proposer's Contract priority statement show that the Contractor Representative and all employees are staff dedicated to this Contract only?	0-4	4
To what extent does the Proposer identify all affiliates or persons and concerns exercising control or ownership of the Proposer and any or all of its affiliates? In this question, evaluate whether the Proposer indicated the type of control or ownership; i.e., common officers, directors, stockholders with controlling interest.	0-4	4
To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?	0-4	4
Project Personnel Score		64 Points Earned X 1.5 Weight = 96

5. Facilities and Resources

Facilities and Resources Evaluation Questions Section K.3.h.	Points Possible	Total Possible Points Earned
To what extent does the Proposer's plan commit the Proposer to securing a facility and making all necessary modifications on a timely basis to meet RFP requirements, including the commitment to provide space for CDHS on-site monitoring as required in the RFP? 	0-4	4
To what extent does the Proposer's plan commit to securing all necessary space for field staff to conduct presentations?	0-4	4
To what extent does the Proposer include all necessary tasks and clearly define, through narrative description, supporting documentation, and Gantt charts (or equivalent) that the tasks are reasonable and logical in terms of sequencing, interdependencies, and priorities	0-4	4
To what extent does the Proposer show an understanding of the interdependencies between Takeover tasks?	0-4	4
To what extent does the Proposer show how the plan provides for the monitoring of plan progress and reporting to CDHS?	0-4	4

Facilities and Resources Evaluation Questions Section K.3. 	Points Possible	Total Possible Points Earned
To what extent does the Proposer show its plan to secure a facility located within a thirty (30) mile radius of the Capitol, including lease or purchase options and evidence of timely telephone, telecommunications, electrical service, and whatever other requirements are appropriate based on the HPE proposal?	0-4	4
To what extent does the Proposer's plan meet all RFP requirements in providing for interim Takeover space and permanent space for CDHS staff?	0-4	4
To what extent does the Proposer show that it has access to sufficient resources to allow it to fulfill the necessary business and performance requirements as described in the RFP?	0-4	4
To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?	0-4	4
Facilities and Resources Score		36 Points Earned X 1.0 Weight = 36

6. Financial Stability

Financial Stability Plan Evaluation Questions Section K.3. i.	Points Possible	Total Possible Points Earned
To what extent does the Proposer show it has financial resources to maintain the capital investment in this project until CDHS accepts the deliverables for Takeover?	0-4	4
To what extent does the Proposer show that it has the ability to generate positive cash flow from other ongoing operations and/or working capital to cover the lapse between the time the Contractor submits invoices and CDHS pays invoices? This includes the ability to endure cash flow shortages or other financial difficulties that might otherwise have a significant adverse effect upon the Contractor's operations and interfere with the Contractor's ability to satisfy its obligations under this Contract.	0-4	4
To what extent does the Proposer show the ability to establish and maintain tangible net worth to provide for unexpected fluctuations or trends in operational costs, or any payment delays or liquidated damage assessments if the Contractor deliverables are rejected by CDHS?	0-4	4
To what extent does the Proposer show the ability to meet tangible net worth requirements as outlined in Minimum Financial Criteria?	0-4	4
To what extent are the Proposer's capital resources available for use in performing this Contract?	0-4	4

Financial Stability Plan Evaluation Questions Section K.3. i.	Points Possible	Total Possible Points Earned
To what extent does the Proposer show financial ratios of liquidity and debt that demonstrates financial stability?	0-4	4
To what extent does the Proposer show that it has tangible net worth and working capital to ensure: <p>That each task is completed during Takeover?</p> <p>The ongoing operation of the HCO Program?</p> <p>The Turnover of the HCO Program to the successor contractor?</p>	0-4	4
Are the Proposer's financial statements for the last fiscal year-end accompanied by a qualified audit opinion from an independent certified public accountant?	0-4	4
To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?	0-4	4
Financial Stability Score		36 Points Earned X .50 Weight = 18

7. Work Plan

a. TAKEOVER PLAN					
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed during the Takeover Phase?	K.3.j.3)a)-d)	Exhibit A, Att. I	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Takeover Phase?	K.3.j.3)e)	Exhibit A, Att. I	0-4	4
3)	<p>To what extent does the Takeover Work Plan include all required Takeover milestones and deliverables as required in the RFP?</p> <p>The following will be considerations in scoring:</p> <p>A. Are activities defined in the level of detail required in the RFP?</p> <p>B. Are the milestones and definitions of deliverables logical and realistic, and do they meet submission requirements?</p> <p>C. Is the sequencing and scheduling of tasks logical and comprehensive? Does the sequencing and scheduling provide reasonable timeframes for timely performance of work requirements, task completion and CDHS review and approval?</p>	K.3.j.3)f) and K.3.j. 54 a)i	Exhibit A, Att. I	0-4	4
4)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the Takeover Management and Planning?</p> <p>At a minimum the Proposer will be expected to address:</p>	K.3.j.3)f) and K.3.j. 54 a)ii	Exhibit A, Att. I	0-4	4

	A. Takeover Work Plan B. Project Control and Reporting Process C. Takeover Management Team				
5)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the Organizational Structure and Personnel Acquisition functions?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Organization Structure B. Personnel Acquisition</p>			0-4	4
6)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the Assumption of Operations Plan?</p>			0-4	4
7)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the Takeover Facilities?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Facilities Acquisition and Installation Plan B. Set-Up</p>	K.3.j.3)f) and K.3.j. 5 ⁴ a)iii	Exhibit A, Att. I	0-4	4
8)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Customer Service?</p>	K.3.j.3)f) and K.3.j. 4 ⁵ a)v	Exhibit A, Att. I	0-4	4

	<p>At a minimum the Proposer will be expected to address:</p> <ul style="list-style-type: none"> A. Customer Service Plan B. Set-Up Customer Service Functions C. Telephone Call Center D. Enrollment Services Representative Presentations Site, Space, and Staffing Plan E. Development of Presentation Tools F. Plan for Interfacing with County Social Services for Maximum Referrals to HCO G. Research Satisfaction Evaluation Tool H. Customer Service Portal I. Provider Information Network 				
9)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Informing Materials?</p> <p>At a minimum the Proposer will be expected to address:</p> <ul style="list-style-type: none"> A. Materials Development and Production, and Mailing Functions Plan B. Develop and Produce, and Mail Informing Materials C. Medi-Cal Publications 	K.3.j.3)f) and K.3.j.54)a)vi	Exhibit A, Att. I	0-4	4
10)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Quality Management functions?</p> <p>At a minimum the Proposer will be expected to address:</p> <ul style="list-style-type: none"> A. Quality Assurance Plan 			0-4	4

	B. Quality Assurance Policy and Procedures Plan C. HCO Program Operations Policy and Procedures Manuals D. Policy and Procedures Manuals Installation Plan E. Policy and Procedures Manuals Submission				
11)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Problem Correction Process functions?			0-4	4
12)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Reports Distribution functions?			0-4	4
13)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Records Retention functions? At a minimum the Proposer will be expected to address: A. Records Retention Procedures Plan B. Implementation of Records Retention Function			0-4	4
14)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Security and Confidentiality functions?			0-4	4
15)	To what extent does the Proposer describe in detail the specific actions that the Proposer will			0-4	4

	perform during the Takeover Phase to fulfill the requirements for Disaster Prevention and Recovery/Business Continuity functions?				
16)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Systems Group Organization and Procedures functions?				
17)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for handling enrollment/disenrollment information?</p> <p>At a minimum the Proposer will be expected to address:</p> <ul style="list-style-type: none"> A. Enrollment/Disenrollment Processing B. Enrollment/Disenrollment Information Installation Plan C. Installation of Enrollment/Disenrollment Information D. Enrollment/Disenrollment Information during Assumption of Operations 	K.3.j.3)f) and K.3.j. 54 a)iv	Exhibit A, Att. I	0-4	4
18)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the requirements for Data Dictionary Users Guide functions?			0-4	4
19)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the process testing requirements?</p> <p>At a minimum the Proposer will be expected to address:</p>	K.3.j.3)f) and K.3.j. 54 a)ix	Exhibit A, Att. I	0-4	4

	<p>A. Process Test Plan</p> <p>B. Process Testing Responsibilities</p>				
20)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the Acceptance Testing requirements?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Acceptance Testing Support Plan</p> <p>B. Acceptance Testing Responsibilities</p> <p>C. Acceptance Testing – CDHS Rights</p> <p>D. Acceptance Testing Categories</p> <p>E. Selected Acceptance Testing Scenarios</p> <p>F. Acceptance Testing Evaluation Response</p> <p>G. Acceptance Decisions</p>	K.3.j.3)f) and K.3.j.54)a)x	Exhibit A, Att. I	0-4	4
21)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the Financial Management requirements?</p>	K.3.j.3)f) and K.3.j.54)a)viii	Exhibit A, Att. I	0-4	4
22)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill Other Administrative Procedures requirements?</p>			0-4	4
23)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Takeover Phase to fulfill the Assumptions of Operations requirements?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Enrollment/Disenrollment Processing</p>	K.3.j.3)f) and K.3.j.54)a)xi	Exhibit A, Att. I	0-4	4

	B. Two-Way File Transfer C. Enrollment/Disenrollment information Maintenance				
24)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4
	TAKEOVER PLAN SCORE				96

b. CUSTOMER SERVICE PLAN					
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed for the Customer Service function?	K.3.j.3)a)-d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Customer Service function?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
3)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for the Telephone Call Center? At a minimum the Proposer will be expected to address: A. Equipment and System B. Telephone Call Center Staff C. Telephone Call Center Standards D. Telephone Call Center Monitoring	K.3.j.3)f) and K.3.j.54)b)i	Exhibit A, Att. II	0-4	4
4)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Education and Outreach?	K.3.j.3)f) and K.3.j.54)b)ii	Exhibit A, Att. II	0-4	4

	At a minimum the Proposer will be expected to address: A. Presentation Site Selection Criteria and Ongoing Efficiency Evaluation B. Presentation Site Staffing and Language Requirements C. Presentation Site and Staff Monitoring D. HCO Presentation Referrals E. Presentation Materials F. Presentation Monitoring G. Outreach and Enrollment Sessions				
5)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Research?	K.3.j.3)f) and K.3.j.54)b)iii	Exhibit A, Att. II	0-4	4
6)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Customer Service Portal?	K.3.j.3)f) and K.3.j.54)b)iv	Exhibit A, Att. II	0-4	4
7)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for the Provider Information Network?	K.3.j.3)f) and K.3.j.54)b)v	Exhibit A, Att. II	0-4	4
8)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4
	CUSTOMER SERVICE PLAN SCORE				32

c.	INFORMING MATERIALS PLAN				
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed in the Informing Materials functions?	K.3.j.3)a)d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill	K.3.j.3)e)	Exhibit A, Att. II	0-4	4

	the requirements of the Informing Materials functions?		Section 2		
3)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Materials Development and Production?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Development of New and Updating of Existing Materials</p> <p>B. Production of Materials</p> <p>C. Control Binders</p> <p>D. Required Translation and Reading Levels</p>	K.3.j.3)f) and K.3.j. 54 c)i	Exhibit A, Att. II	0-4	4
4)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Mailing Functions?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Mailing of HCO Program Informing Materials</p> <p>B. Re-Informing Mailings</p> <p>C. Monthly Reconciliation Mailings</p> <p>D. Annual Renotification Mailings</p> <p>E. Mandatory-To-Voluntary Aid Code Status Change Mailings</p> <p>F. Special Mass-Mailing Projects</p> <p>G. Packet Request Mailings</p> <p>H. Other Informing Materials Mailings</p> <p>I. Fulfillment Standards</p> <p>J. Processing Returned Mail and Address Changes</p>	K.3.j.3)f) and K.3.j. 54 c)ii	Exhibit A, Att. II	0-4	4
5)	To what extent does the Proposer describe in detail the specific actions that the Proposer will	K.3.j.3)f) and K.3.j. 54 c)iii	Exhibit A, Att. II	0-4	4

	<p>perform to fulfill the Scope of Work requirements for Inventory of HCO Program materials?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Location of Materials</p> <p>B. Inventory Control</p> <p>C. Replenishment of Inventory</p> <p>D. Inventory Accuracy</p> <p>E. Manual or Automated System Requirements</p>				
6)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Medi-Cal Publications?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Design Services</p> <p>B. Printer Services</p> <p>C. Work Plans, Cost Estimates and Schedules</p> <p>D. Existing Publications</p> <p>E. New Publications</p> <p>F. Transfer Upon Termination</p> <p>G. Distribution Functions</p> <p>H. Order Fulfillment</p> <p>I. Standards for Distributing Medi-Cal Publications</p>	K.3.j.3)f) and K.3.j. 54 c)iv	Exhibit A, Att. II	0-4	4
7)	<p>To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?</p>			0-4	4
	INFORMING MATERIALS PLAN SCORE				28

d.	ENROLLMENT/DISENROLLMENT PROCESSING PLAN				
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed in the Enrollment/Disenrollment processing operations?	K.3.j.3)a)d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Enrollment/Disenrollment processing operations?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
3)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for HCO Operations Interface?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Communications Link B. Medi-Cal Eligibility Database System Interface C. Health Plan Interface</p>	K.3.j.3)f) and K.3.j.54)d)iii	Exhibit A, Att. II	0-4	4
4)	<p>To what extent does the Proposer describe the approaches that will be taken to fulfill the requirements of the manual or automated enrollment/disenrollment process availability?</p> <p>At a minimum the Proposer will be expected to address its procedures for:</p> <p>A. Availability of the Manual or Automated Enrollment/Disenrollment Process B. Enrollment/Disenrollment Process Response Times C. Enrollment/Disenrollment Reports D. CDHS Access to the Manual or Automated Enrollment/Disenrollment Process</p>	K.3.j.3)f) and K.3.j.45)d)ii	Exhibit A, Att. II	0-4	4

5)	<p>To what extent does the Proposer describe the approaches that will be taken to fulfill the requirements for integrated testing of the manual or automated enrollment/disenrollment process?</p> <p>At a minimum the Proposer will be expected to address its procedures for:</p> <p>A. Integrated Test Process B. Integrated Test Process-CDHS Rights C. Integrated Test Process-Contractor Responsibility D. Integrated Quality Assurance Test Team</p>	K.3.j.3)f) and K.3.j.54)d)ix	Exhibit A, Att. II	0-4	4
6)	<p>To what extent does the Proposer describe the approaches that will be taken to fulfill the requirements for change requirements when changes to the enrollment/disenrollment process occurs?</p> <p>At a minimum the Proposer will be expected to address its procedures for:</p> <ul style="list-style-type: none"> Manual or Automated Enrollment/Disenrollment Process Development Notices Establishment of Hours to Complete the Changes Manual or Automated Enrollment/Disenrollment Process Development Phases 	K.3.j.3)f) and K.3.j.54)d)ixi	Exhibit A, Att. II	0-4	4
7)	To what extent does the Proposer describe the approaches that will be taken to fulfill the requirements for the Processing Group?	K.3.j.3)f) and K.3.j.54)d)ixiii	Exhibit A, Att. II	0-4	4
8)	To what extent does the Proposer describe the approaches that demonstrate CDHS ability to monitor the enrollment/disenrollment process?	K.3.j.3)f) and K.3.j.54)d)ixii	Exhibit A, Att. II	0-4	4

	<p>At a minimum the Proposer will be expected to address its procedures for:</p> <p>A. Tools That Will Be Used B. All Equipment To Be Used C. Documents and Images That May Be in Hard Copy or Electronically Generated D. Manual or Automated Communication Standards E. Documentation Procedures</p>				
9)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for the forms processing operations?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Forms Tracking System B. Choice Form Processing C. Special Disenrollment Request Forms D. Exceptions to Plan Enrollment Requests Forms</p>	K.3.j.3)f) and K.3.j. 54 d)i x	Exhibit A, Att. II	0-4	4
10)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for other Enrollment/Disenrollment Operations?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Beneficiary Auto Assignment B. Health Plan Membership Status Letter</p>	K.3.j.3)f) and K.3.j. 54 d)i x & xi	Exhibit A, Att. II	0-4	4
11)	<p>To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?</p>			0-4	4
	ENROLLMENT/DISENROLLMENT				44

PROCESSING PLAN SCORE					
e.	QUALITY MANAGEMENT PLAN EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed in for the Quality Management operations?	K.3.j.3)a) to d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Quality Management operations?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
3)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for the Quality Assurance <u>Management</u> Unit?	K.3.j.3)f) and K.3.j. 54 e)i	Exhibit A, Att. II	0-4	4
4)	To what extent does the Proposer describe in detail the Quality Assurance <u>Management</u> Standards and Procedures Manual? At a minimum the Proposer will be expected to address: A. Quality Assurance Procedures B. Quality Management Review C. Quality Management Performance Measurements	K.3.j.3)f) and K.3.j. 54 e)ii	Exhibit A, Att. II	0-4	4
5)	To what extent does the Proposer describe in detail its understanding of the Quality Management Key Operational Areas? At a minimum the Proposer will be expected to address: A. Enrollment/Disenrollment Processing	K.3.j.3)f) and K.3.j. 45 e)iii	Exhibit A, Att. II	0-4	4

	B. Information Updates 1. Daily Eligible and Monthly Reconciliation Files 2.HCO Operations Transaction Log File C. Customer Service 1. Telephone Assistance 2. Enrollment Service Representatives Presentations 3. Research D. HCO Program Informing Materials Mailed E. All Other Operation Areas Not Required to be Monitored and Reported Each Month				
6)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for Special Quality Assurance <u>Management</u> Studies?	K.3.j.3)f) and K.3.j. 54 e)iv	Exhibit A, Att. II	0-4	4
7)	To what extent does the Proposer describe in detail how the Proposer will make the Quality Assurance <u>Management</u> Information available to the CDHS?	K.3.j.3)f) and K.3.j. 54 e)v	Exhibit A, Att. II	0-4	4
8)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the Change Support System?	K.3.j.3)f) and K.3.j. 54 e)vi	Exhibit A, Att. II	0-4	4
9)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the HCO Operations Policy and Procedures Manuals?	K.3.j.3)f) and K.3.j. 54 e)vii	Exhibit A, Att. II	0-4	4
10)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the Medi-Cal Publications Quality Assurance?	K.3.j. <u>3</u> f)	Exhibit A, Att. II	0-4	4
11)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4
	QUALITY MANAGEMENT PLAN SCORE				44

f. PROBLEM CORRECTION PROCESS PLAN					
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed by the Problem Correction Process?	K.3.j.3)a) to d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Problem Correction Process?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
3)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for the Problem Statement Categories? At a minimum the Proposer will be expected to address its procedures for: A. Initial Problem Statements B. Interim Response Problem Statement C. Corrective Action Plan Problem Statement D. Closure Notices	K.3.j.3)f) and K.3.j.54)f)i	Exhibit A, Att. II	0-4	4
4)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4
	PROBLEM CORRECTION PROCESS PLAN SCORE				16

g. REPORTS PLAN					
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed in the	K.3.j.3)a) to d)	Exhibit A, Att. II	0-4	4

	Reports function?				
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Reports function?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
3)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Reports deliverables?</p> <p>At a minimum the Proposer will be expected to address its procedures for:</p> <p>A. Customer Service Reports B. Informing Materials Reports C. Enrollment/Disenrollment Processing Reports D. Quality Management Reports E. Problem Correction Process Reports F. Records Retention Reports G. Security and Confidentiality Reports H. Disaster Prevention and Recovery Reports I. Monthly Progress Reports</p>	K.3.j.3)f) and K.3.j.54)g)i	Exhibit A, Att. II	0-4	4
4)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Production of Reports?	K.3.j.3)f) and K.3.j.54)g)ii	Exhibit A, Att. II	0-4	4
5)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Delivery of Reports?	K.3.j.3)f) and K.3.j.54)g)iii	Exhibit A, Att. II	0-4	4
6)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Reports to Managed Care Plans?	K.3.j.3)f) and K.3.j.54)g)iiii	Exhibit A, Att. II	0-4	4
7)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for Automated Systems requirements?			0-4	4
8)	To what extent does the Proposer propose a			0-4	4

	quality product or service that meets or exceeds the requirements for this section?				
	REPORTS PLAN SCORE				32

h.	RECORDS RETENTION AND RETRIEVAL PLAN				
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed in the Records Retention and Retrieval function?	K.3.j.3)a) to d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Records Retention and Retrieval Procedures?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
3)	<p>To what extent did the Proposer submit a Records Retention and Retrieval Policy and Procedures Manual that addresses all the requirements of the Scope of Work for Records Retention and Retrieval?</p> <p>At a minimum the Proposer will be expected to address its procedures for:</p> <ul style="list-style-type: none"> A. Retention of HCO Program Records B. Retrieval of HCO Program Records C. Certification D. Assistance With Investigations, Disputes and Litigation E. Access F. Document Management Process Requirements 	K.3.j.3)f) and K.3.j.54) h	Exhibit A, Att. II	0-4	4
4)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4

	RECORDS RETENTION AND RETRIEVAL PLAN SCORE				16
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i.	SECURITY AND CONFIDENTIALITY PLAN				
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed in the Security and Confidentiality function?	K.3.j.3)a) to d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Security and Confidentiality function?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
3)	To what extent does the Proposer describe in detail the Security and Confidentiality Plan? At a minimum the Proposer will be expected to address its procedures for: A. Security B. Confidentiality C. Risk Analysis/Assessment	K.3.j.3)f) and K.3.j.54)j)i	Exhibit A, Att. II	0-4	4
4)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for the National Provider Identifier (NPI)?	K.3.j.3)f) and K.3.j.54)j)ii	Exhibit A, Att. II	0-4	4
5)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Scope of Work requirements for the Medi-Cal Publications <u>Materials</u> Security and Confidentiality Requirements <u>Plan</u> ?	<u>K.3.j.3)f) and K.3.j.4)i)iii</u>		0-4	4
6)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4
	SECURITY AND CONFIDENTIALITY PLAN SCORE				24

j. DISASTER PREVENTION AND RECOVERY/BUSINESS CONTINUITY PLAN					
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed in the Disaster Prevention and Recovery function?	K.3.j.3)a) to d)	Exhibit A, Att. II	0-4	4
2)	To what extent does the Proposer describe its understanding of the work to be performed in the Business Recovery function?		Exhibit A, Att. II,	0-4	4
3)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Disaster Prevention and Recovery function?	K.3.j.3)e)	Exhibit A, Att. II	0-4	4
4)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Business Continuity function?		Exhibit A, Att. II,	0-4	4
5)	<p>To what extent does the Proposer describe in detail the Disaster Prevention and Recovery/Business Continuity Plan?</p> <p>At a minimum the Proposer will be expected to address its procedures for:</p> <p>A. Disaster Prevention B. Disaster Recovery C. Risk Analysis/Assessment D. Business Recovery</p>	K.3.j.3)f) and K.3.j. 54 k)†	Exhibit A, Att. II	0-4	4
6)	To what extent does the Proposer describe in detail the Business Continuity Plan?		Exhibit A, Att. II,	0-4	4
7)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4

	DISASTER PREVENTION AND RECOVERY/BUSINESS CONTINUITY PLAN SCORE				28
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I.	TURNOVER PLAN				
	EVALUATION QUESTION	SUBMISSION REQUIREMENT	SOW REQUIREMENT	POINTS POSSIBLE	TOTAL POSSIBLE POINTS EARNED
1)	To what extent does the Proposer describe its understanding of the work to be performed during the Turnover Phase?	K.3.j.3)a)-d)	Exhibit A, Att. III	0-4	4
2)	To what extent does the Proposer describe any innovative approaches that may be taken to fulfill the requirements of the Turnover Phase?	K.3.j.3)e)	Exhibit A, Att. III	0-4	4
3)	To what extent does the Turnover Work Schedule include all required Turnover milestones and deliverables as required in the RFP? The following will be considerations in scoring: A. Are activities defined to the level of detail required in the RFP? B. Are the milestones and definitions of deliverables logical, realistic, and acceptable to the CDHS and do they meet submission requirements? C. Is the sequencing and scheduling of tasks logical and comprehensive? Does the sequencing and scheduling provide reasonable timeframes for timely performance of work requirements, task completion and CDHS review and approval?	K.3.j.3)f) and K.3.j.45)m)i	Exhibit A, Att. III	0-4	4
4)	To what extent does the Proposer describe in detail the specific actions that the Proposer will	K.3.j.3)f) and K.3.j.54)m)ii &	Exhibit A, Att. III	0-4	4

	<p>perform to fulfill the requirements for the Turnover Management and Planning?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Turnover Work Plan B. Project Control and Reporting Process C. Turnover Management Team D. Personnel</p>	iii			
5)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for the Turnover Facilities?	K.3.j.3)f) and K.3.j. 54 m)iv ii	Exhibit A, Att. III	0-4	4
6)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the requirements for Equipment?	K.3.i.3)f) and K.3.i.4)lv		0-4	4
7)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Turnover Phase to fulfill the requirements for Informing Materials and Mailing functions?	K.3.j.3)f) and K.3.j. 54 m)vi	Exhibit A, Att. III	0-4	4
8)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Turnover Phase to fulfill the requirements for the Reports functions?	K.3.j.3)f) and K.3.j. 54 m)vii	Exhibit A, Att. III	0-4	4
9)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Turnover Phase to fulfill the requirements for Records Retention functions?	K.3.j.3)f) and K.3.j. 54 m)viii	Exhibit A, Att. III	0-4	4
10)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Turnover requirements for Files?	K.3.j.3)f) and K.3.j. 54 m)ix v	Exhibit A, Att. III	0-4	4
11)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform to fulfill the Turnover requirements for Documentation?	K.3.j.3)f) and K.3.j. 54 m)iv x	Exhibit A, Att. III	0-4	4

12)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Turnover Phase to fulfill the Testing Support requirements?	K.3.j.3)f) and K.3.j.54)m)xivii	Exhibit A, Att. III	0-4	4
13)	To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Turnover Phase to fulfill the Other Administrative Procedures requirements?	K.3.j.3)f) and K.3.j.54)m)vxii	Exhibit A, Att. III	0-4	4
14)	<p>To what extent does the Proposer describe in detail the specific actions that the Proposer will perform during the Turnover Phase to fulfill the Turnover Processing requirements?</p> <p>At a minimum the Proposer will be expected to address:</p> <p>A. Turnover Phase-Out B. Turnover Phase-Out Work Plan and Schedule C. Turnover Phase-Out Activities D. Post HCO Operations Phase</p>	K.3.j.3)f) and K.3.j.54)m)vxiii	Exhibit A, Att. III	0-4	4
15)	To what extent does the Proposer propose a quality product or service that meets or exceeds the requirements for this section?			0-4	4
	TURNOVER PLAN SCORE				60

n. Total Work Plan Score

WORK PLAN SECTION	POINTS EARNED
TAKEOVER	96
CUSTOMER SERVICE	32
INFORMING MATERIALS	28
ENROLLMENT/DISENROLLMENT	44
QUALITY MANAGEMENT	44
PROBLEM CORRECTION PROCESS	16
REPORTS	32
RECORDS RETENTION AND RETRIEVAL	16
SECURITY AND CONFIDENTIALITY	24
DISASTER PREVENTION AND RECOVERY	28
TURNOVER	60
TOTAL POINTS EARNED	420

P. Bid Requirements and Information**1. Nonresponsive proposals**

In addition to any condition previously indicated in this RFP, the following occurrences **may** cause CDHS to deem a proposal nonresponsive.

a. Failure of a Proposer to:

- 1) Meet DVBE participation goals or to demonstrate that a substantial Good Faith Effort (GFE) was made to meet those goals.
 - 2) Meet proposal format/content or submission requirements including, but not limited to, the sealing, labeling, packaging and/or timely and proper delivery of proposals.
 - 3) Pass the Required Attachment / Certification Checklist review (i.e., by not marking "Yes" to applicable items or by not appropriately justifying, to CDHS' satisfaction, all "N/A" designations).
 - 4) Submit a **mandatory** Conflict of Interest Compliance Certificate in the manner required, if applicable.
- b. If a Proposer submits a proposal that is conditional, materially incomplete or contains material defects, alterations or irregularities of any kind.
 - c. If a Proposer supplies false, inaccurate or misleading information or falsely certifies compliance on any RFP attachment.
 - d. If CDHS discovers, at any stage of the bid process or upon Contract award, that the Proposer is unwilling or unable to comply with the Contract terms, conditions and exhibits cited in this RFP or the resulting Contract.
 - e. If other irregularities occur in a proposal response that are not specifically addressed herein (i.e., the Proposer places any conditions on performance of the scope of work, submits a counter proposal, etc.).

2. Proposal modifications after submission

- a. All proposals are to be complete when submitted. However, an entire proposal may be withdrawn and the Proposer may resubmit a new proposal.
- b. To withdraw and/or resubmit a new proposal, follow the instructions appearing in the RFP Section P.4, "Withdrawal and/or Resubmission of Proposals".

3. Proposal mistakes

If prior to contract award, award confirmation, or contract signing, a proposer discovers a mistake in its proposal and/or cost offering that renders the proposer unable or unwilling to perform all scope of work services as described in its proposal for the price/costs offered, the proposer must immediately notify CDHS and submit a written request to withdraw its proposal following the procedures set forth in Section P, Paragraph 4b.

4. Withdrawal and/or Resubmission of Proposals

a. Withdrawal deadlines

A Proposer may withdraw a proposal at any time before the proposal submission deadline.

With the consent of CDHS, a proposal may be withdrawn after the proposal submission deadline. A proposal withdrawn after the submission deadline may not be resubmitted or replaced by a newly submitted proposal.

b. Submitting a withdrawal request

- 1) Submit a written withdrawal request, signed by an authorized representative of the Proposer.
- 2) Label and submit the withdrawal request using one of the following methods.

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Withdrawal of RFP 06-55000 CA Department of Health Services Office of Medi-Cal Procurement MS 4200 1501 Capitol Avenue, Suite 71.3041 P.O. Box 997413 Sacramento CA 95899-7413	Withdrawal of RFP 06-55000 CA Department of Health Services Office of Medi-Cal Procurement Fax: (916) 440-7369

- 3) Proposers must call (916) 552-8006 to confirm receipt of a faxed withdrawal request. Follow-up the faxed request by mailing or delivering the signed original withdrawal request within 24 hours after submitting a faxed request.

An originally signed withdrawal request is generally required before CDHS will return a proposal to a Proposer. CDHS may grant an exception if the Proposer informs CDHS that a new or replacement proposal will immediately follow the withdrawal.

c. Resubmitting a proposal

After withdrawing a proposal, Proposers may resubmit a new proposal according to the proposal submission instructions. Replacement proposals must be received at the stated place of delivery by the proposal due date and time.

5. Contract award and protests

a. Contract award

- 1) Award of the Contract, if awarded, will be to the responsive and responsible Proposer, who earns the highest total score. The highest scored proposal will be determined after CDHS adjusts Proposer scores for applicable bidder preferences.
- 2) CDHS shall award the Contract only after CDHS posts a Notice of Intent to Award for five (5) working days. CDHS expects to post the Notice of Intent to Award before the close of business on ~~July 30~~ June 28, 2007 in a Contract Award Notices Binder which will be available for viewing by the public during normal business hours at the following location:

California Department of Health Services
Office of Medi-Cal Procurement
1501 Capitol Avenue, First Floor Guard Station
Sacramento, CA 95814
- 3) CDHS will mail or fax a written notification and/or a copy of the Notice of Intent to Award to all firms that submitted a proposal.
- 4) CDHS will post the Intent to Award on the OMCP web page at <http://www.dhs.ca.gov/omcp>.
- 5) CDHS will confirm the Contract award to the winning Proposer after the protest deadline, if no protests are filed or following the Department of General Service's resolution of all protests. CDHS staff may confirm an award verbally or in writing.
- 6) It is intended that the Contract will be awarded within thirty (30) calendar days from the scheduled date of the Notice of Intent to Award. However, CDHS may award the Contract later, in which case bid prices will be valid for a minimum of six (6) months following the Notice of Intent to Award, or longer if agreed to by the successful Proposer and CDHS.
- 7) CDHS reserves the right to reject all bids, whether responsive or not.

b. Settlement of Ties

- 1) In the event of a precise total high score tie between a responsive proposal submitted by a certified small business or microbusiness and a responsive proposal submitted by a certified DVBE that is also a certified small business, the Contract will be awarded to the DVBE firm per Government Code Section 14838(f) et seq.
- 2) In the event of a precise total high score tie between a responsive proposal submitted by a firm that was granted non-small business subcontractor preference and a responsive proposal submitted by a certified small business or microbusiness, the Contract will be awarded to the certified small business or microbusiness.
- 3) In the event of a precise total high score tie between a responsive proposal submitted by a nonprofit veteran service agency (NVSA) that is a certified small

business and a responsive proposal submitted by a certified DVBE that is also a certified small business, the contract will be awarded to the certified DVBE.

- 4) In the absence of a California law or regulation governing a specific tie, CDHS will settle all other precise total high score ties by making an award to the Proposer who earns the highest Narrative Proposal score. If Narrative Proposal scores are also tied, CDHS will settle the tie in a manner that CDHS determines to be fair and equitable (e.g., coin toss, lot drawing, etc.). In no event will CDHS settle a tie by dividing the work among the tied Proposers.

c. Protests

- 1) Under California Law, protests of the RFP are under the authority and jurisdiction of the State Department of General Services (DGS). The protest standards and procedures as described in this RFP are as currently understood by CDHS. In the case of any protest of this RFP, the standards and procedures as specified by DGS shall govern over any inconsistent standards or procedures described in this RFP.

- 2) Who can protest

Any Proposer who submits a proposal may file a protest if the Proposer believes its proposal is responsive to all RFP requirements.

- 3) Grounds for protests

Protests are limited to the grounds described in Public Contract Code (PCC) Section 10345. CDHS will not make an award until all protests are withdrawn by the protestant, denied, or resolved to the satisfaction of the Department of General Services (DGS).

- 4) Protest time lines

- a) Eligible Proposers may file a first and quite brief "Notice of Intent to Protest" within five (5) working days after CDHS posts the Notice of Intent to Award.
- b) Within five (5) calendar days after filing a "Notice of Intent to Protest", the protestant must file a full and complete written protest statement identifying the specific grounds for the protest. The statement must contain, in detail, the reasons, law, rule, regulation, or practice that the protestant believes CDHS has improperly applied in awarding the Contract.

- 5) Submitting a protest

Protests must be filed with both the State Department of General Services and the Department of Health Services' Contract Management Unit. Additionally, Proposers are requested to send a copy of the protest to California Department of Health Services' (CDHS) Office of Medi-Cal Procurement. Proposers may hand deliver, mail or fax a protest.

Label, address and submit the initial protest notice and detailed protest statement to the following CDHS programs using one of the following methods.

Send the protest to CDHS' Contract Management Unit at:

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Protest to CDHS RFP 06-55000 CA Dept. of Health Services Contract Management Unit MS 1403 1501 Capitol Avenue, Suite 71.2101 P.O. Box 997413 Sacramento, CA 95899-7413	Protest to CDHS RFP 06-55000 CA Dept. of Health Services Contract Management Unit Fax: (916) 650-0110
Protest to CDHS RFP 06-55000 Dept. of General Services Office of Legal Services Attention: Protest Coordinator 707 Third Street, 7 th Floor, Ste. 7-330 P.O. Box 989052 West Sacramento, CA 95798-9052	Protest to CDHS RFP 06-55000 Dept. of General Services Office of Legal Services Fax: (916) 376-5088

Please send a courtesy copy of the protest to CDHS' Office of Medi-Cal Procurement at:

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
Protest to CDHS RFP 06-55000 Donna Martinez CA Dept. of Health Services Office of Medi-Cal Procurement MS 4200 1501 Capitol Avenue, Suite 71.3041 P.O. Box 997413 Sacramento, CA 95899-7413	Protest to CDHS RFP 06-55000 Donna Martinez CA Dept. of Health Services Office of Medi-Cal Procurement Fax: (916) 440-7369

For faxed protests

Faxed protests must be followed-up by sending an original signed protest, with all supporting material, within one (1) calendar week of submitting the faxed protest.

Call the telephone numbers below to confirm receipt of a fax transmission:

State of Department General Services	(916) 376-5080
CDHS/Contract Management Unit	(916) 650-0100
CDHS/Office of Medi-Cal Procurement	(916) 552-8006

If you choose hand delivery, allow sufficient time to locate parking and have your Protest document date/time stamped by Security personnel. Parking is especially difficult around the CDHS building on Capitol Avenue.

6. Disposition of proposals

- a. All materials submitted in response to this RFP will become the property of CDHS and, as such, are subject to the Public Records Act (GC Section 6250, et seq.). CDHS will disregard any language purporting to render all or portions of any proposal confidential.

- b. Upon posting of a Notice of Intent to Award, all documents submitted in response to this RFP and all documents used in the selection process (e.g., review checklists, scoring sheets, letters of intent, etc.) will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public. However, proposal contents, Proposer correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Notice of Intent to award is posted.
- c. CDHS may return a proposal to a Proposer at their request and expense after CDHS concludes the bid process.

7. Inspecting or obtaining copies of proposals

- a. Who can inspect or copy proposal materials

Any person or member of the public can inspect or obtain copies of any proposal materials.

- b. What can be inspected / copied and when

1. After the Pre-Proposal Conference, the sign in or attendance sheet is a public record and will be available for inspection or copying.
2. On or after CDHS posts the Notice of Intent to Award, all proposals, Proposers list, conference sign-in/attendance sheet, letters of intent, checklists and/or scoring/evaluation sheets become public records. These records shall be available for review, inspection and copying during normal business hours for a period of three (3) months or until all protests and other legal challenges have been resolved, including any appeals there from, whichever is longer.

- c. Inspecting or obtaining copies of proposal materials

Persons wishing to view or inspect any proposal or award related materials must identify the items they wish to inspect and must make an inspection appointment by contacting Karissa Kanenaga/Ramonda Ramos at (916) 552-8006.

Persons wishing to obtain copies of proposal materials may visit CDHS or mail a written request to the CDHS office identified below. The requestor must identify the items they wish to have copied. Materials will not be released from State premises for the purposes of making copies.

Unless waived by CDHS, a check covering copying and/or mailing costs must accompany the request. Copying costs, when applicable, are charged at a rate of **ten cents** per page. CDHS will fulfill all copy requests as promptly as possible. Submit copy requests as follows:

Request for Copies – RFP 06-55000
Karissa Kanenaga/Ramonda Ramos
California Department of Health Services
Office of Medi-Cal Procurement
MS 4200
1501 Capitol Avenue, Suite 71.3041
P.O. Box 997413
Sacramento, CA 95899-7413

8. Verification of Proposer information

By submitting a proposal, Proposers agree to authorize CDHS to:

- a. Verify any and all claims made by the Proposer including, but not limited to verification of prior experience and the possession of other qualification requirements, and
- b. Check any reference identified by a Proposer or other resources known by the State to confirm the Proposer's business integrity and history of providing effective, efficient and timely services.

9. CDHS rights

In addition to the rights discussed elsewhere in this RFP, CDHS reserves the following rights.

a. RFP corrections

- 1) CDHS reserves the right to do any of the following up to the proposal submission deadline:
 - a) Modify any date or deadline appearing in this RFP or the RFP Time Schedule.
 - b) Issue clarification notices, addenda, alternate RFP instructions, forms, etc.
 - c) Waive any RFP requirement or instruction for all Proposers if CDHS determines that the requirement or instruction was unnecessary, erroneous or unreasonable.
 - d) Allow Proposers to submit questions about any RFP change, correction or addenda. If CDHS allows such questions, specific instructions will appear in the cover letter accompanying the document.
- 2) If deemed necessary by CDHS to remedy an RFP error or defect that is not detected in a timely manner, CDHS may also issue correction notices or waive any unnecessary, erroneous, or unreasonable RFP requirement or instruction after the proposal submission deadline.
- 3) If this RFP is clarified, corrected, or modified, CDHS will mail, email, or fax written clarification notices, administrative bulletins, and/or RFP addenda to all persons/firms who submitted the Request for Inclusion on Mailing List form (Attachment 14),. This information may also be obtained by accessing the Office of Medi-Cal Procurement website at <http://www.dhs.ca.gov/omcp>.

If CDHS decides, before or on the proposal due date, to extend the submission deadline, CDHS may choose to notify potential Proposers of the extension by fax, email, or by telephone. CDHS will follow-up any verbal notice in writing by fax, email, or by mail.

b. Collecting information from Proposers/Clarification Process

- 1) If deemed necessary, CDHS may request a Proposer to submit additional documentation during or after the proposal review and evaluation process. CDHS will advise the Proposers orally, by fax, email, or in writing of the documentation that is required and the time line for submitting the documentation. CDHS will follow-up oral instructions in writing by fax, email or mail. Failure to submit the required documentation by the date and time indicated may cause CDHS to deem a proposal non-responsive.
- 2) CDHS, at its sole discretion, reserves the right to collect, by mail, fax or other method; the following omitted documentation and/or additional information.
 - a) Signed copies of any form submitted without a signature.
 - b) Data or documentation omitted from any submitted RFP attachment/form.
 - c) Information/material needed to clarify or confirm certifications or claims made by a Proposer.
 - d) Information/material needed to correct or remedy an immaterial defect in a proposal.
 - e) Information needed to resolve any potential conflict of interest.
- 3) The collection of Proposer documentation may cause CDHS to extend the date for posting the Notice of Intent to Award. If CDHS changes the posting date, CDHS will advise the Proposers, orally, via email, or in writing, of the alternate posting date.

c. Immaterial proposal defects

- 1) CDHS may waive any immaterial defect in any proposal and allow the Proposer to remedy those defects. CDHS reserves the right to use its best judgment to determine what constitutes an immaterial deviation or defect.
- 2) CDHS' waiver of an immaterial defect in a proposal shall in no way modify this RFP or excuse a Proposer from full compliance with all bid requirements.

d. Correction of clerical or mathematical errors

- 1) CDHS reserves the right, at its sole discretion, to overlook, correct or require a Proposer to remedy any obvious clerical or mathematical errors occurring in the Narrative Proposal or on a Cost Proposal Bid Form.
- 2) If the correction of an error results in an increase or decrease in the total price, CDHS shall give the Proposer the option to accept the corrected price or withdraw their proposal.
- 3) Proposers may be required to initial corrections to costs and dollar figures on the Cost Proposal Bid Forms if the correction results in an alteration of the annual costs or total cost offered.
- 4) If a mathematical error occurs in a total or extended price and a unit price is present, CDHS will use the unit price to settle the discrepancy.

e. Right to remedy errors

CDHS reserves the right, at any time, to remedy errors caused by:

- 1) CDHS office equipment malfunctions or negligence by agency staff;

2) Natural disasters (i.e., floods, fires, earthquakes, etc.).

f. No Contract award or RFP cancellation

The issuance of this RFP does not constitute a commitment by CDHS to award a Contract. CDHS reserves the right to reject all proposals and to cancel this RFP if it is in the best interests of CDHS to do so.

g. Contract amendments after award

As provided in the Public Contract Code governing Contracts awarded by competitive bid, CDHS reserves the right to amend the Contract after CDHS makes a Contract award.

h. Proposed use of subcontractor(s) and/or independent consultant(s)

Specific subcontract relationships proposed in response to this RFP (i.e., identification of pre-identified subcontractor(s) and independent consultant(s)) shall not be changed during the procurement process or prior to Contract execution. The pre-identification of a subcontractor or independent consultant does not affect CDHS' right to approve personnel or staffing selections or changes made after the Contract award.

i. Staffing changes after Contract award

CDHS reserves the right to approve or disapprove changes in key personnel that occur after CDHS awards the Contract.

Q. Bidding Certification Clauses

1. Certificate of Independent Price Determination

a. The prospective Proposer certifies that:

- 1) The prices in this bid or proposal have been arrived at independently without any consultation, communication or agreement with any other Proposer, Proposer or competitor for the purpose of restricting competition relating to:
 - a) The prices or costs offered;
 - b) The intention to submit a bid or proposal; and
 - c) The methods or factors used to calculate the costs or prices offered.
- 2) The prices in this bid or proposal have not been and will not be knowingly disclosed by the Proposer, directly or indirectly, to any other Proposer or competitor before the bid/cost proposal opening date or date of contract award posting, unless otherwise required by law.
- 3) No attempt has been made or will be made by the Proposer to induce any other firm or entity to submit or not to submit a bid or proposal for the purpose of restricting competition.

b. Each signature appearing on the documents contained in this bid package/proposal is considered to be a certification by the signatory that the signatory:

Is the person in the Proposer's organization that is either responsible for determining the prices offered in this bid or proposal and/or is designated to complete the bid or proposal forms on behalf of the bidding firm, and the signatory has not participated and will not participate in any action contrary to all subsections of paragraph a.

2. Debarment and Suspension Certification

- a. The Contractor certifies to the best of its knowledge and belief, that it and its principals:
 - 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - 2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or Contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph a.2) of this certification; and
 - 4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
 - 5) It shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
 - 6) It will include a clause entitled "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- b. If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation to the program funding this Contract.

3. Lobbying Restrictions and Disclosure

- a. The Contractor certifies, to the best of its knowledge and belief, that:
 - 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal Contract, grant, loan, or cooperative agreement.

- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
 - 3) The Contractor shall require that the contents of this certification be collected from the recipients of all subawards, exceeding \$100,000, at all tiers (including subcontracts, subgrants, etc.) and shall be maintained for three years following final payment/settlement of those agreements.
- b. This certification is a material representation of fact upon which reliance was placed when this Contract was made and/or entered into. The making of the above certification is a prerequisite for making or entering into this Contract pursuant to 31 U.S.C. 1352 (45 CFR 93). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
 - c. The Standard Form-LLL may be obtained from various federal agencies, federally sponsored World Wide Web Internet sites, CDHS upon request, or may be copied from Exhibit D(F) entitled, Special Terms and Conditions.

R. Preference Programs

To confirm the identity of the highest scored responsible Proposer, CDHS will adjust the total point score for applicable claimed preference(s). Bidding preferences shall not be applied to proposals that fail to pass the Checklist Review or fail to earn a minimum passing score during the narrative proposal scoring process. CDHS will apply preference adjustments to eligible proposers according to State regulations following on-line or personal verification of eligibility with the appropriate office of the Department of General Services.

1. Small Business / Microbusiness Preference

- a. A responsive California small business or microbusiness proposer claiming preference and verified as a certified small business or microbusiness in a relevant business category or type will be granted a preference of five percent (5%) of the total point score earned by the responsive/responsible proposer with highest combined score, if the highest scored proposal is submitted by a non-small business. Non-small business means a responsive/responsible proposer that is not certified by the California Department of General Services as a California small business or microbusiness in a relevant business category or type. The "service" category or business type will most likely apply to this procurement. Nonprofit Veteran Service Agencies (NVSA) are to view the instructions in provision 3 of this section (Preference Programs).
- b. To be certified as a California small business or microbusiness and eligible for a bidding preference the business concern must meet the State's eligibility requirements and must have submitted an application for small business status no later than 5:00 p.m. on the proposal submission deadline.
- c. Firms desiring small business or microbusiness certification must obtain the appropriate Small Business Certification Application (STD 813 or other form) from the appropriate office of the Department of General Services, fully complete the application, and submit it to the Department of General Services as instructed in the application. Prospective proposing firms desiring small business certification assistance, may contact the Department of General Services by the following means:

- 1) (916) 322-5060 (24 hour recording and mail requests), or
- 2) (916) 375-4940 (Small business assistance) or (800) 559-5529 (live operator Central receptionist), or
- 3) Internet address: <http://www.pd.dgs.ca.gov/smbus/default.htm> or
- 4) Fax: (916) 375-4950, or
- 5) Email: osdchelp@dgs.ca.gov

2. Non-Small Business Subcontractor Preference

- a. Non-small business means a responsive/responsible proposer that is not certified by the DGS as a small business or microbusiness.
- b. If the responsive Proposer earning the highest total score is not a certified small business/microbusiness, a bid preference up to five percent (5%) is available to a responsive non-small business Proposer committing twenty-five percent (25%) small business subcontractor use of one or more small businesses. When applicable, the preference points will be calculated pursuant to the regulations in Title 2, California Code of Regulations (CCR) § 1896.8 and will be added to total score of an eligible non-small business. This preference is authorized pursuant to Title 2, CCR § 1896.2 and Government Code § 14835.
- c. If a Proposer claims the non-small business subcontractor preference, the proposal response must identify each proposed small business subcontractor that will be used, the participation percentage and dollar amount committed to each identified small business subcontractor, and substantial proof to enable verification of each subcontractor's small business status. The total small business subcontractor use must equal no less than twenty-five percent (25%) of the total cost offered.
- d. To be granted preference, each proposed small business subcontractor must possess an active small business certification issued by DGS, must perform a "commercially useful function" under the Contract and the basic functions to be performed must be identified at the time of proposal submission.
- e. Complete **Attachment 10a (Non-Small Business Subcontractor Preference Request)** and **Attachment 10b (Small Business Subcontractor/Supplier Acknowledgement)** to request the non-small business subcontractor preference.
- f. Refer to the RFP Section P.5.b., "Settlement of Ties" to learn how tied proposals will be resolved.

3. Nonprofit Veteran Service Agency (NVSA) Small Business Preference

- a. Pursuant to Military and Veteran Code Section 999.50 et seq., responsive/responsible nonprofit veteran service agencies (NVSAs) claiming small business/microbusiness preference and verified as such in the relevant category or business type prior to the proposal submission due date will be granted a preference up to five percent (5%) of the highest score, if the highest scored responsive proposal is submitted by a Proposer not certified as a small business/microbusiness. The "service" category is the business type that will most likely apply to this procurement.
- b. To be eligible for the NVSA small business preference, the business concern must:
 - 1) Request small business preference at the time of proposal submission, and
 - 2) Become certified as a small business by the appropriate office of the DGS prior to the proposal submission due date.

- c. Refer to the RFP Section P.5.b., "Settlement of Ties" to learn how tied proposals will be resolved.

4. Target Area Contract Preference Act and Enterprise Zone Act

- a. Government Code (GC) Section 4530 (TACPA) and GC Section 7070 (EZA) provide that California based companies shall be granted a 5% preference whenever a state agency prepares a solicitation for **services** in excess of \$100,000. The preference(s) shall apply if the worksite is not fixed by the government agency and the proposer can demonstrate and certify, under the penalty of perjury, that at least 90 percent of the total labor hours required to perform the services shall be performed at an identified worksite located in a distressed area (TACPA) or enterprise zone (EZA). TACPA/EZA preferences will only be applied if this procurement results in more than one responsive proposal receiving a passing narrative proposal score.
- b. Additional work force preferences ranging from 1% to 4% can be earned by eligible proposers that agree to hire 5% to 20% of persons with a high risk of unemployment or those living in a targeted employment area or that are enterprise zone eligible to perform a specified percentage of the contract work.
- c. The granting of TACPA or EZA preference cannot displace an award to a certified small business.
- d. Proposers seeking TACPA and/or EZA preference must submit a completed STD 830 - Target Area Contract Preference Act Request (**Attachment 11**) or a STD 831 - Enterprise Zone Act (EZA) Preference Request (**Attachment 12**) with their proposal. The applicable preference request form must include the following:
 - 1) All appropriate certifications. (TACPA and EZA)
 - 2) The proposing firm's name and the name of all suppliers and subcontractors that will work with the proposer to fulfill the terms of the contract along with the addresses of each of the worksite(s) and estimated labor hours. (TACPA and EZA)
 - 3) County census tract number and block group number. (TACPA)
 - 4) Enterprise zone name(s). (EZA)
 - 5) Proposer's original signature. (TACPA and EZA)
 - 6) A checkbox marked to identify the additional 1 to 4 percent preference sought for hiring persons with a high risk of unemployment. (TACPA and EZA)
- e. TACPA and/or EZA preference cannot be granted if:
 - 1) The lowest proposed cost does not equal or exceed \$100,000 for the entire term, **or**
 - 2) The work site or any part thereof is fixed or preset by the State, **or**
 - 3) The services involve construction or a public works project **or**
- f. A proposer who has claimed a TACPA and/or EZA preference and is awarded the contract will be obligated to perform in accordance with the preference(s) requested, provided the preference was granted in obtaining the contract. Firms receiving preference must:
 - 1) Report their labor hours to the State and
 - 2) Reference the state contract on which the award is based for the specific reporting requirements.
- g. Proposers wishing to learn more about TACPA and/or EZA requirements, designated work site(s) or enterprise zones in California should contact the appropriate office of the

Department of General Services at (916) 375-4940. DGS will attempt to determine TACPA and/or EZA eligibility within two working days.

5. Local Military Base Recovery Area (LAMBRA) Act Preference

- a. LAMBRA preference may be granted for this procurement if the lowest cost offered is \$100,000 or more; if no part of the worksite is fixed by CDHS, and the proposer can demonstrate and certify, under the penalty of perjury, that 100 percent of the total labor hours required to perform the services shall be performed at an approved worksite located in a local military base recovery area. LAMBRA preference will only be applied if this procurement results in more than one responsive proposal receiving a passing Narrative Proposal score.
- b. Proposers seeking to obtain a LAMBRA 5 percent preference must acquire and submit a completed STD 832 (Local Military Base Recovery Area Act for Goods and Services Solicitations) with their proposal response. The STD 832 may be accessed at this Internet site: <http://www.documents.dgs.ca.gov/osp/pdf/std832.pdf>.
- c. Proposers wishing to obtain more information about LAMBRA Preference should visit this website: <http://www.pd.dgs.ca.gov/edip/lambra.htm>.

6. Combined preferences

The maximum preference or score addition that any proposer may be granted for preference, non-small business subcontractor preference, TACPA preference, EZA preference, or LAMBRA preference combined is 15%.

Any firm that claims and is granted non-small business subcontractor preference, TACPA preference, EZA preference, and/or LAMBRA preference cannot displace an award to a certified small business or microbusiness.

S. Contract Terms and Conditions

The winning Proposer must enter a written Contract that may contain portions of the Proposer's proposal (i.e., Cost Proposal Bid Forms, Work Plan), Scope of Work, standard Contract provisions, the Contract form, and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting Contract.

The exhibits identified in this section contain Contract terms that require strict adherence to various laws and Contracting policies. CDHS will not accept alterations to the General Terms and Conditions (GTC), CDHS' Special Terms and Conditions, the Scope of Work, other exhibit terms/conditions, or alternate language that is proposed or submitted by a prospective Contractor. A Proposer's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFP may cause CDHS to deem a Proposer non-responsible and ineligible for an award. CDHS reserves the right to use the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between CDHS and the winning Proposer. Other terms and conditions, not specified in the exhibits identified below, may also appear in the resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., Contract total exceeds a certain amount, federal funding is used, etc.).

In general, CDHS will not accept alterations to the General Terms and Conditions (GTC), CDHS' Special Terms and Conditions, Scope of Work, other exhibit terms/conditions or alternate language that is proposed or submitted by a prospective contractor. CDHS may consider a proposal containing such provision "a counter proposal" and CDHS may reject such a proposal as nonresponsive.

1. Sample Contract forms / exhibits

Exhibit Label	Exhibit Name
a. Exhibit A-1	Standard Agreement (1 page)
b. Exhibit A	Scope of Work (1 page)
Exhibit A, Att I	Takeover (62 pages)
Exhibit A, Att II	Scope of Work – Operations (188 pages)
Exhibit A, Att III	Turnover (21 pages)
Exhibit A, Att IV	Additional Contractual Services (15 pages)
c. Exhibit B	Budget Detail and Payment Provisions
Exhibit B, Att. I	Special Payment Provisions (33 pages)_
d. Exhibit C - View on-line.	General Terms and Conditions (GTC 306). View or download this exhibit at this Internet site http://www.ols.dgs.ca.gov/Standard+Language/default.htm .
e. Exhibit D(F)	Special Terms and Conditions (26 pages)
f. Exhibit E	Additional Provisions (57 pages)
g. Exhibit F	Contractor's Release (1 page)
h. Exhibit G	Travel Reimbursement Information (2 pages)
i. Exhibit H	HIPAA Business Associate Addendum (7 pages)

2. Unanticipated tasks

In the event unanticipated or additional work must be performed that is not identified in this RFP, but in CDHS opinion is necessary to successfully accomplish the scope of work, CDHS will initiate a Contract amendment to add that work. All terms and conditions appearing in the final Contract including the salary/wage rates, unit rates and/or other expenses appearing on the Proposer's Budget Detail Work Sheets will apply to any additional work.

3. Resolution of language conflicts (RFP vs. final agreement)

If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFP, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

The undersigned hereby certifies that the Escrow Bid Documents contained herein constitute all the documentary information used in preparation of the ~~price~~ cost proposal, and that I have personally examined the contents of the Escrow Bid Documents container and have found that the documents in the container are complete and organized as shown by the index.

BY: _____

TITLE: _____

FIRM: _____

DATE: _____

Exhibit A, Attachment I TAKEOVER

The use of headings of titles throughout this exhibit is for convenience only and shall not be used to interpret or govern the meaning of any specific term, function, or activity.

Index Takeover – Exhibit A, Attachment I

	Title	Page
1.0	Takeover	1-1
1.1	Overview	1-1
1.2	Objectives	1-1
1.3	Assumptions and Constraints	1-1
1.4	General Requirements	1-1
1.5	Takeover Schedule	1-2
1.5.1	Takeover Deliverables	1-10
1.6	Takeover Management and Planning	1-10
1.6.1	Takeover Work Plan	1-10
1.6.2	Project Control and Reporting Process	1-11
1.6.3	Takeover Management Team	1-14
1.7	Personnel Acquisition Plan and Organizational Structure Chart	1-14
1.7.1	Personnel Acquisition Plan	1-14
1.7.1.1	Hiring Process Report	1-15
1.7.1.2	Personnel Hiring Commitments	1-15
1.7.2	Organizational Structure Chart	1-16
1.8	Assumption of Operations Plans	1-16
1.9	Facilities	1-18
1.9.1	Facilities Acquisition and Installation Plan	1-18
1.9.2	Set-Up	1-20
1.10	Customer Service	1-21
1.10.1	Customer Service Plan	1-21
1.10.2	Set-Up Customer Service Functions	1-21
1.10.3	Telephone Call Center	1-21
1.10.3.1	Telephone Call Center System and Equipment	1-21
1.10.3.2	Telephone Call Center Staffing	1-21
1.10.3.3	Telephone Call Center Standards	1-22
1.10.3.4	Caller Satisfaction Evaluation Tool	1-22
1.10.4	Enrollment Service Representative Presentations	1-22
1.10.4.1	Presentation Site Space and Staffing Plan	1-22
1.10.4.2	Materials	1-24
1.10.4.3	Staffing Levels	1-24
1.10.4.4	Supervision	1-24
1.10.4.5	Observation/Evaluation Tool	1-24
1.10.4.6	Attendee Feedback Evaluation Tool	1-25
1.10.4.7	Attendance Records	1-25
1.10.5	Research	1-25
1.10.5.1	Research Satisfaction Evaluation Tool	1-25
1.10.6	Customer Service Portal	1-25
1.10.7	Provider Information Network	1-26
1.11	Informing Materials	1-26
1.11.1	Materials Development and Production, and Mailing Functions Plan	1-26
1.11.2	Develop and Produce, and Mail Informing Materials	1-26

1.11.3	Medi-Cal Publications	1-27
1.12	Enrollment/Disenrollment Process	1-28
1.12.1	Enrollment/Disenrollment Processing Compliance Plan	1-28
1.12.2	Enrollment/Disenrollment Processing Procedures and Process Group Organization Manual	1-28
1.12.3	Communication Links	1-28
1.12.4	CDHS Access to Processes	1-28
1.12.5	Information Dictionary Users Guide	1-28
1.12.6	Information Files	1-29
1.12.6.1	Information File Layout Descriptions Manual	1-29
1.12.6.2	Information File Installation Plan	1-29
1.12.6.3	Installation of Files	1-29
1.12.6.4	Files During Assumption of Operations	1-30
1.12.7	Integrated Testing	1-31
1.12.7.1	Integrated Testing Plan	1-31
1.12.7.2	Integrated Testing Execution	1-32
1.12.8	Acceptance Testing	1-34
1.12.8.1	Acceptance Testing Support Plan	1-35
1.12.8.2	Acceptance Testing Responsibilities	1-35
1.12.8.3	Acceptance Testing – CDHS Rights	1-37
1.12.8.4	Acceptance Testing Categories	1-37
1.12.8.5	Selected Acceptance Testing Scenarios	1-38
1.12.8.5.1	On-Line Functions Testing	1-38
1.12.8.5.2	Volume, Stress and Parallel Testing	1-39
1.12.8.5.3	General Enrollment/Disenrollment Processing Accuracy Testing	1-40
1.12.8.5.4	Contractor Staff Proficiency Testing	1-41
1.12.8.5.5	Security and Confidentiality Testing and Disaster Prevention and Disaster Recovery/Business Continuity Testing	1-41
1.12.8.6	Acceptance Testing Evaluation Response	1-42
1.12.8.7	Acceptance Decisions	1-42
1.12.9	Evaluation of Enrollment/Disenrollment Processing Manuals	1-43
1.12.10	Project Monitoring Tools	1-43
1.12.11	Process Group	1-43
1.13	Quality Management Program	1-43
1.13.1	Quality Assurance Plan	1-43
1.13.2	Quality Assurance Standards and Procedures Manual	1-43
1.13.3	Change Support Program Plan	1-43
1.13.4	HCO Operations Policy and Procedures Manuals	1-44
1.13.5	Policy And Procedures Manuals Installation Plan	1-44
1.13.6	Policy and Procedures Manuals Submission	1-44
1.14	Problem Correction Process	1-45
1.14.1	Problem Correction Process Plan	1-45
1.15	Reports Distribution List	1-45
1.15.1	Report Users Manuals	1-46
1.16	Records Retention	1-46
1.16.1	Records Retention and Retrieval Plan	1-46
1.16.2	Implementation of Records Retention and Retrieval Function	1-47
1.17	Security and Confidentiality Plan	1-47
1.18	Disaster Prevention and Disaster Recovery/Business Continuity Plan	1-48
1.19	Health Plan Enrollment Process	1-48
1.19.1	Health Plan Enrollment Process Compliance Plan	1-48
1.19.2	HPE Process Procedures and Systems Group Organization Manual	1-48
1.19.3	CDHS Access to Systems	1-48

1.19.4	Data Dictionary Users Guide	1-49
1.19.5	Data Files	1-49
1.19.5.1	Data File Layout Descriptions Manual	1-49
1.19.5.2	Data File Installation Plan	1-49
1.19.5.3	Installation of Data Files	1-50
1.19.5.4	Data Files During Assumption of Operations	1-50
1.19.6	Integrated Testing	1-51
1.19.6.1	Integrated Testing Plan	1-51
1.19.6.2	Integrated Testing Execution	1-52
1.19.7	Acceptance Testing	1-54
1.19.7.1	Acceptance Testing Support Plan	1-55
1.19.7.2	Acceptance Testing Responsibilities	1-55
1.19.7.3	Acceptance Testing – CDHS Rights	1-57
1.19.7.4	Acceptance Testing Categories	1-58
1.19.7.5	Selected Acceptance Testing Scenarios	1-59
1.19.7.5.1	On-Line Functions Testing	1-59
1.19.7.5.2	Volume, Stress and Parallel Testing	1-60
1.19.7.5.3	General HPE Process Accuracy Testing	1-60
1.19.7.5.4	Contractor Staff Proficiency Testing	1-61
1.19.7.5.5	Security and Confidentiality Testing and Disaster Prevention and Disaster Recovery/Business Continuity Testing	1-62
1.19.7.6	Acceptance Testing Evaluation Response	1-63
1.19.7.7	Acceptance Decisions	1-63
1.19.8	Evaluation of HPE Process Manuals	1-63
1.19.9	Project Monitoring Tools	1-63
1.19.10	Systems Group	1-64
1.20	Financial Management	1-64
1.21	Other Administrative Procedures	1-64
1.22	Assumption of Operations	1-65
1.22.1	HCO Operations	1-65
1.22.2	Two-Way File Transfer	1-65
1.22.3	File Maintenance	1-65
1.23	Takeover Completion	1-66

1.0 TAKEOVER

1.1 OVERVIEW

This section provides the Contractor with the activities, due dates and quality assurance levels necessary to perform all activities for the assumption of the HCO Operations. The complete adherence to the requirements stated herein provides the California Department of Health Services (CDHS), with assurance that the Contractor will be effective in meeting Exhibit A, Attachment II, Scope of Work requirements during the HCO Operations time period. These Takeover requirements are a roadmap for the Contractor to follow in preparing to assume full operations under the Health Care Options (HCO) Contract.

The Takeover requirements discussed in this section, and completion dates for each, are detailed in the Exhibit A, Attachment I, Section 1.5, Takeover, Takeover Schedule. The dates and time frames stated in both the Takeover Schedule and narrative of this section may need to be adjusted to accommodate changing circumstances during the Takeover process. Thus, the Contractor's Takeover plans shall be submitted to CDHS, and subsequently updated, as required by CDHS.

1.2 OBJECTIVES

The Takeover requirements as noted in this section shall:

- A. Ensure the Contractor is able to fully assume all HCO Operations activities in order to educate, enroll, disenroll and transition Medi-Cal beneficiaries into managed care plans;
- B. Ensure a smooth transition of HCO Operations from the current contractor to the new Contractor; and
- C. Ensure the timely and accurate implementation of the Contractor's HCO Operations so that beneficiary enrollment activities remain uninterrupted.

1.3 ASSUMPTIONS AND CONSTRAINTS

Takeover activities shall commence nine (9) months prior to Assumption of Operations. If CDHS extends the current Contract term, all Takeover activities shall be delayed for a commensurate period of time. Takeover activities are scheduled to conclude three (3) months following CDHS written approval of the user acceptance and implementation of the HCO Operations, and all requirements as listed in provision 1.24 Takeover Completion.

1.4 GENERAL REQUIREMENTS

- A. The Contractor shall complete all Takeover tasks and activities in accordance with the requirements of this section and of the Takeover Schedule.
- B. The Contractor shall develop for submission to CDHS a Takeover Work Plan (TWP) as described in this section.

- C. Unless otherwise specified, Takeover deliverables that apply to ongoing HCO Operations shall be regularly maintained, updated, and submitted to CDHS for approval throughout the term of the Contract.
- D. The Contractor shall employ quality management measures throughout Takeover and continue these during the term of the Contract, as required in Exhibit A, Attachment II, Section 4, Quality Management Program. Sufficient trained and experienced quality management personnel shall be on staff to ensure that all quality management requirements are met during Takeover. The quality management measures that must be in place during Takeover shall include, but not be limited to:
 - 1. Contractor management review of deliverables to ensure Contract compliance and timely performance of Contract requirements.
 - 2. Monitoring of milestones on the Contractor's TWP to ensure that all activities are completed in accordance with Contract provisions.
 - 3. Assurance that all deliverables are complete and accurate at the time of submission to CDHS.
 - 4. A process that: a) identifies deficiencies that compromise completion schedules and deliverables' accuracy; b) reports these problems in written form, along with proposed solutions, to CDHS on a weekly basis; and c) monitors the Problem Correction Process to ensure they are consistent with the directions and time frames provided in Exhibit A, Attachment II, Section 5, Problem Correction Process.
 - 5. The inclusion of Takeover Quality Management reports in the Contractor's Weekly Deliverable Status (WDS) Report, described below in 1.6.2.A.3.

1.5 TAKEOVER SCHEDULE

Takeover requirements, activities, milestones, deliverables, and due dates discussed in this section are detailed in the Takeover Schedule appearing below. All data and information submitted by the Contractor, as required by the Takeover Schedule, shall be accompanied by Contractor letter, signed by the Contractor's Takeover Manager or an appointed designee, certifying that the supplied material(s) is/are current, accurate, and complete.

Unless otherwise specified, all due date periods are calculated from the Contract Effective Date (CED).

Takeover Schedule

Milestone/Deliverable	Due Date (CED = Contract Effective Date)	RFP/Contract Reference
TAKEOVER MANAGEMENT AND PLANNING		
Submit Updated Takeover Work Plan	2 Weeks After CED	Takeover, 1.6.1.B
Submit Gantt Chart of Takeover Work Plan	2 Weeks After CED	Takeover, 1.6.1.C.3
Submit Project Control and Reporting Process Reports	2 Weeks After CED and Weekly Thereafter	Takeover, 1.6.2.A
Assemble Takeover Management Team	CED	Takeover, 1.6.3.A
Submit Names and Resumes of Takeover Management Team Members	CED	Takeover, 1.6.3.B
Designate Takeover Manager	CED	Takeover, 1.6.3.C
PERSONNEL ACQUISITION PLAN AND ORGANIZATIONAL STRUCTURE CHART		
Update Personnel Acquisition Plan and Organizational Structure Chart	2 Weeks After CED and Monthly Thereafter, Throughout Term of Contract	Takeover, 1.7
Submit Contractor Resources Level Report	2 Weeks After CED, at Assumption of Operations, and Thereafter Monthly Throughout Term of Contract	1.7.1.A
Submit Hiring Progress Report	2 Weeks After CED and Bi-Weekly Through Takeover, and Thereafter Monthly Throughout Term of Contract	Takeover, 1.7.1.1
Hire Personnel	Prior to Assumption of Operations	Takeover, 1.7.1.2
Submit Description of Organizational Structure	Two (2) Weeks After CED	Takeover, 1.7.2.A
ASSUMPTION OF OPERATIONS PLAN		
Submit Assumption of Operations Plan	One (1) Month After CED	Takeover, 1.8.A
FACILITIES		
Submit Updated Facilities Acquisition and Installation Plan	Three (3) Weeks After CED	Takeover, 1.9.1.A
Submit Certification of Inventory List of DHS-Owned, Contractor Utilized, Cost-Reimbursed (CR) Equipment, Etc.	To Be Determined (TBD)	Takeover, 1.9.1.B.10

Milestone/Deliverable	Due Date (CED = Contract Effective Date)	RFP/Contract Reference
Accept Inventory of DHS-Owned, Contractor utilized, CR Equipment, Etc.	TBD	Takeover, 1.9.1.B.10
Provide Facility(ies) for CDHS Takeover and User Acceptance Staff, Temporary or Permanent	Two (2) Weeks After CED	Takeover, 1.9.2.A
Obtain Permanent Facility(ies) and Be Completely Operable	Two (2) Weeks Prior to Assumption of Operations	Takeover, 1.9.2.C.2
Provide On-Site Space for Full CDHS Staff	Two (2) Weeks Prior to Assumption of Operations	Takeover, 1.9.2.C.3
CUSTOMER SERVICE		
Submit Customer Service Plan	Two (2) Weeks After CED	Takeover, 1.10.1.A
Ensure Sufficient Staffing for All Customer Service Functions	At Assumption of Operations	Takeover, 1.10.2
Ensure Telephone Call Center (TCC) Systems and Equipment are Operational	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.3.1
Ensure TCC Contract Standards are in Effect	At Assumption of Operations	1.10.3.3.
Submit Caller Satisfaction Evaluation Tool	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.3.4
Submit Presentation Site Space and Staffing Plan	Three (3) Months Prior to Assumption of Operations,	Takeover, 1.10.4.1.A
Ensure Regional Presentation Sites Operable	Two (2) Weeks Prior to Assumption of Operations	Takeover, 1.10.4.1.A.4
Submit Presentation Materials	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.4.2
Submit Observation/Evaluation Tool	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.4.5.A
Submit Attendee Feedback Evaluation Tool	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.4.6
Submit Attendance Records	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.4.7
Ensure Research Contract Standards are in Effect	By Assumption of Operations	Takeover, 1.10.5
Submit Research Satisfaction Evaluation Tool	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.5.1
Submit Customer Service Portal	Three (3) Months Prior to Assumption of Operations	Takeover, 1.10.6
Ensure Customer Service Portal Operational	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.6
Submit Provider Information Network	Three (3) Months Prior to Assumption of Operations	Takeover, 1.10.7

Milestone/Deliverable	Due Date (CED = Contract Effective Date)	RFP/Contract Reference
Ensure Provider Information Network Operational	One (1) Month Prior to Assumption of Operations	Takeover, 1.10.7
INFORMING MATERIALS		
Submit Materials Development and Production, and Mailing Functions Plan	Three (3) Weeks After CED	Takeover, 1.11.1.A
Demonstrate Ability to be Fully Staffed and Operational	Three (3) Months Prior to Assumption of Operations	Takeover, 1.11.2 A.1
Ensure Ability to Develop and Produce, and Mail HCO Informing Materials	Two (2) Months Prior to Assumption of Operations	Takeover, 1.11.2 A.2
Ensure Sufficient Supply of HCO Informing Materials	One (1) Month Prior to Assumption of Operations	Takeover, 1.11.2 A.3
Submit Medi-Cal Publications Plan	Three (3) Months Prior to Assumption of Operations	Takeover, 1.11.3.A
Be Fully Staffed and Operational	Two (2) Weeks Prior to Assumption of Operations	Takeover, 1.11.3.B.1
Ensure Ability to Receive and Fulfill Orders	Two (2) Weeks Prior to Assumption of Operations	Takeover, 1.11.3.B.2
Take Possession of Master Copies of Existing Medi-Cal Publications	Two (2) Weeks Prior to Assumption of Operations	Takeover, 1.11.3.B.3
Accept Delivery and Assume Physical Control of Existing Medi-Cal Publications	Two (2) Weeks Prior to Assumption of Operations	Takeover, 1.11.3.B.4
ENROLLMENT/DISENROLLMENT PROCESSING		
Submit Enrollment/Disenrollment Processing Compliance Plan	Two (2) Weeks After CED	Takeover, 1.12.1
Enrollment/Disenrollment Processing Procedures and Process Group Organization Manual	Three (3) Months Prior to Assumption of Operations	Takeover, 1.12.2
Establish Communication Links	Two (2) Months Prior to Assumption of Operations	Takeover, 1.12.3
Ensure CDHS Access to Processing	At CED	Takeover, 1.12.4
Submit Information Dictionary Users Guide	Prior to Acceptance Testing	Takeover, 1.12.5.A
Submit Information File Layout Descriptions Manual	One (1) Week After CED	Takeover, 1.12.6.1
Submit Information File Installation Plan	Three (3) Weeks After CED	Takeover, 1.12.6.2.A
Accept MEDS Transactions	One (1) Month Prior to Assumption of Operations	Takeover, 1.12.6.3.A.3.a
Accept and Install History Files	Prior to Assumption of Operations	Takeover, 1.12.6.3.A.2.b

Milestone/Deliverable	Due Date (CED = Contract Effective Date)	RFP/Contract Reference
Submit Updated Integrated Testing Plan	One (1) Month After CED	Takeover, 1.12.7.1.A.1
Employ QA Integrated Testing Team	One (1) month After CED.	Takeover, 1.12.7.1.B.6
Integrated Testing	Per the Integrated Testing Plan	Takeover, 1.12.7.2
Submit Written Certification	Prior to CDHS Acceptance Testing	Takeover, 1.12.7.2.A.8
Submit Acceptance Testing Support Plan	Three (3) Months After CED	Takeover, 1.12.8.1.A
Perform Acceptance Testing	Prior to Assumption of Operations, As Directed By CDHS	Takeover, 1.12.8.2.A
Resolve Process Variance Request(s)	Within Two (2) Business Days of Receipt	Takeover, 1.12.8.6.A
Submit New and/or Updated Manuals	Per Takeover Work Plan Schedule	Takeover, 1.12.9
Submit Project Management Status Reports Format	Three (3) Months Prior to Assumption of Operations	Takeover, 1.12.10.
Ensure Project Group Fully Staffed	One (1) Week Prior to Assumption of Operations	Takeover, 1.12.11
QUALITY MANAGEMENT PROGRAM		
Submit Updated Quality Assurance Plan	One (1) Month After CED	Takeover, 1.13.1
Submit Quality Assurance Standards and Procedures Manual	Three (3) Months after CED	Takeover, 1.13.2
Implement Standards and Procedures	One (1) Month Prior to Assumption of Operations	Takeover, 1.13.2
Submit Change Support program Plan	Three (3) Months After CED	Takeover, 1.13.3
Submit HCO Operations Policy and Procedures Manuals Installation Plan	One (1) Month After CED	Takeover, 1.13.5.A
Submit HCO Operations Policy and Procedures Manuals	Two (2) Months Prior to Assumption of Operations	Takeover, 1.13.6.A.1
PROBLEM CORRECTION PROCESS		
Submit Problem Correction Process Plan	Three (3) Months Prior to Assumption of Operations	Takeover, 1.14.1.A
REPORTS		
Submit Reports Distribution List	Two (2) Months Prior to Assumption of Operations	Takeover, 1.15.A.1
Install CDHS-Approved Reports Distribution List	One (1) Month Prior to Assumption of Operations	Takeover, 1.15.A.2

Milestone/Deliverable	Due Date (CED = Contract Effective Date)	RFP/Contract Reference
Submit Report Users Manuals	Three (3) Months Prior to Assumption of Operations	Takeover, 1.15.1.A
Provide CDHS-Approved Report Users Manuals	One (1) Month Prior to Assumption of Operations	Takeover, 1.15.1.B
Submit Enrollment/Disenrollment Processing and/or HPE Process Report Users Manuals	Three (3) Months Prior to Assumption of Operations	Takeover, 1.15.1.C
RECORDS RETENTION		
Submit Updates to Records Retention Procedures Plan	Three (3) Months Prior to Assumption of Operations	Takeover, 1.16.1.A
Implement CDHS-Approved Records Retention and Retrieval Plan	At Assumption of Operations	Takeover, 1.16.2 A
Submit Copy of Master Index of Records	One (1) Month Prior to Assumption of Operations	Takeover, 1.16.2 B
Submit Document Management Process Specifications	Two (2) Months Prior to Assumption of Operations	Takeover, 1.16.2 C
Implement CDHS-Approved Document Management Process	One (1) Month Prior to Assumption of Operations	Takeover, 1.16.2 C
Submit Records Retention and Retrieval Policy and Procedures Manual	Three (3) Months Prior to Assumption of Operations	Takeover, 1.16.2.D
Submit Records and/or Files Summary	At Assumption of Operations, and Thereafter Quarterly Throughout Term of Contract	Takeover, 1.16.2.E
SECURITY AND CONFIDENTIALITY		
Submit Security and Confidentiality Plan	One (1) Business Day After CED	Takeover, 1.17.A
Implement Security and Confidentiality Plan	Two (2) Weeks After CED	Takeover, 1.17.B
DISASTER PREVENTION AND DISASTER RECOVERY/BUSINESS CONTINUITY		
Submit Disaster Prevention and Disaster Recovery/Business Continuity Plan	Four (4) Months Prior to Assumption of Operations	Takeover, 1.18.A
Ensure Storage of Back-Up Operating Instructions, Procedures and Reference Files	One (1) Month After CED	Takeover, 1.18. B
Submit Off-Site Materials Updating Procedures	Four (4) Months Prior to Assumption of Operations	Takeover, 1.18. C
Identify Back-Up Facility(ies)	Four (4) Months Prior to Assumption of Operations	Takeover, 1.18. D
HEALTH PLAN ENROLLMENT PROCESS		
Submit Health Plan Enrollment (HPE) Process Compliance Plan	Two (2) Weeks After CED	Takeover, 1.19.1

Milestone/Deliverable	Due Date (CED = Contract Effective Date)	RFP/Contract Reference
Submit HPE Process Procedures and Systems Group Organization Manual	Three (3) Months Prior to Assumption of Operations	Takeover, 1.19.2
Ensure CDHS Access to Systems	At CED	1.19.3
Submit Data Dictionary Users Guide	Prior to Acceptance Testing	Takeover, 1.19.4
Submit Data File Layout Descriptions Manual	Two (2) Weeks After CED	Takeover, 1.19.5.1
Submit Data File Installation Plan	Two (2) Weeks After CED	Takeover, 1.19.5.2
Install Data Files	Three (3) Business Days After Receipt	Takeover, 1.19.5.3
Accept MEDS Transactions	One (1) Month Prior to Assumption of Operations	Takeover, 1.19.5.3.B.4
Accept and Install History Files	Prior to Assumption of Operations	1.19.5.3.A.5
Submit Updated Integrated Testing Plan	One (1) Month After CED	Takeover, 1.19.6.1.A.1
Employ QA Integrated Testing Team	One (1) month After CED.	Takeover, 1.19.6.1.B.6
Integrated Testing	Per The Integrated Testing Plan	Takeover, 1.19.6.2
Submit Written Certification	Prior to CDHS Acceptance Testing	Takeover, 1.19.6.2.A.8
Submit Acceptance Testing Support Plan	Three (3) Months After CED	Takeover, 1.19.7.1
Perform Acceptance Testing	Prior to Assumption of Operations, As Directed By CDHS	Takeover, 1.19.7.2.C.3
Resolve System Variance Request(s)	Within Two (2) Business Days of Receipt	Takeover, 1.19.7.6.A
Submit New and/or Updated Manuals	Per Takeover Work Plan Schedule	Takeover, 1.19.8
Submit Project Management Status Reports Format	Three (3) Months Prior to Assumption of Operations	Takeover, 1.19.9
Ensure Systems Group Fully Staffed	One (1) Week Prior to Assumption of Operations	Takeover, 1.19.10
FINANCIAL MANAGEMENT		
Submit Financial Management Manual	One (1) Month After CED	Takeover, 1.20.A
Submit Cost Reimbursement Plan	Three (3) Months Prior to Assumption of Operations	Takeover, 1.20. B

Milestone/Deliverable	Due Date (CED = Contract Effective Date)	RFP/Contract Reference
Submit Updated Estimated Expenses and Actual Expenses Specifications and Reports	Three (3) Months After CED	Takeover, 1.20.C
OTHER ADMINISTRATIVE PROCEDURES		
Submit Other Administrative Procedures	Two (2) Months Prior to Assumption of Operations	Takeover, 1.21
TRANSFER OF ASSUMPTION OF OPERATIONS		
Receive Prior Contractor Files	One (1) Week Prior to Assumption of Operations	Takeover, 1.22.1 A
Accept Post Office Boxes	At Assumption of Operations	Takeover, 1.22.1 B
Accept Responsibility for the TCC	At Assumption of Operations	Takeover, 1.22.1 C
ADMINISTRATION		
Submit Ownership and Control Information	With submission of Narrative Proposal (NP)	Exhibit E - Additional Provisions
Designate Contractor Representative	With submission of NP	Exhibit E - Additional Provisions
Submit Request for Approval of Required Insurance and/or Bonding by Other Than Third Party Carrier	Prior to CED	Exhibit E - Additional Provisions
Submit Proof of Insurance and Bonding	Prior to CED	Exhibit E - Additional Provisions
Submit Conflict of Interest Disclosure Statements, Questionnaires and, if needed, Avoidance Plans	With submission of NP	Exhibit E - Additional Provisions
Update Conflict of Interest Disclosure Statements, Questionnaires and, if needed, Avoidance Plans	Two (2) Weeks After CED, and Yearly Thereafter Throughout Term of Contract	Exhibit E - Additional Provisions
Submit Extra Copies of Updated Narrative Proposal	Two (2) Weeks After CED	Exhibit E - Additional Provisions
Submit Names and Resumes of Information Security Officer and Privacy Officer	Two (2) Months Prior to Assumption of Operations	Exhibit E – Additional Provisions

1.5.1 TAKEOVER DELIVERABLES

Each item listed in the Takeover Schedule is considered a Takeover deliverable.

- A. CDHS may require that corrections or revisions be made to each deliverable. The Contractor shall have ten (10) business days from the date CDHS requests revision(s) to correct and resubmit unaccepted deliverables.
- B. The Contractor shall ensure that all CDHS-approved revisions to deliverables and milestones are incorporated into the TWP within five (5) business days of CDHS approval of the revision(s).
- C. The Contractor shall ensure that all milestones and deliverables, both original and revised, are incorporated into the Weekly Deliverable Status report (WDS), as described in 1.6.2.A.3. Any changes or modifications shall require prior written approval from the CDHS. If approved, the changes shall be incorporated into the WDS report within seven (7) calendar days of approval.
- D. The CDHS shall have the authority to either approve or deny the delivery of any deliverable either before or after the due date that is required in the Takeover Schedule.

1.6 TAKEOVER MANAGEMENT AND PLANNING

1.6.1 TAKEOVER WORK PLAN

- A. The objective of the TWP is to specify, in detail, the Contractor's strategy for meeting all Takeover requirements. The TWP shall demonstrate that the Contractor fully understands and is fully capable of performing the Takeover tasks that directly parallel the corresponding Turnover tasks performed by the previous contractor.
- B. Two (2) weeks after CED, the Contractor shall update and submit to the CDHS for review and approval the TWP included in its Narrative Proposal. Within the updated TWP, the Contractor shall include a comprehensive schedule of tasks that reflect all of the deliverables in the Takeover Schedule in provision 1.5. This comprehensive schedule shall detail all contractual requirements, deliverables, milestones and required CDHS approvals. The Contractor shall allow at least ten (10) business days in the TWP for CDHS review and approval of Takeover deliverables, prior to implementing and/or performing those required Takeover activities. If the CDHS determines that ten (10) business days is not sufficient time for review and approval of Takeover deliverables, the time allotted for CDHS review shall be increased accordingly.
- C. The TWP shall include:
 - 1. A Work Breakdown Structure (WBS) code used to identify all processes and work performed during Takeover.

2. Clearly identified contractually defined deliverables, milestones, walkthroughs, and CDHS approvals.
3. A Gantt (or equivalent) chart that depicts all Takeover activities. This chart shall be submitted two (2) weeks after CED and shall meet the following requirements:
 - a. It shall be based on Precedence Diagramming Methods, graphically illustrating dependencies and precedence relationships between/among all Takeover activities.
 - b. The level of detail shall be at deliverable level.
 - c. It shall be time-based.
 - d. Critical paths shall be clearly identified.
 - e. The interrelationships of all activities shall be identified on the chart or in a separate report defining the precedence relationships.
4. A narrative description of each task/activity on the schedule.

1.6.2 PROJECT CONTROL AND REPORTING PROCESS

- A. The Contractor shall utilize a Project Control and Reporting Process (PCRP) to advise CDHS and Contractor management of progress in meeting goals and schedules contained in the TWP. This PCRP reporting mechanism begins two (2) weeks after CED and applies weekly thereafter until the CDHS provides written notification that the Takeover Phase is complete. The PCRP shall consist of the following four (4) elements:
 1. Weekly progress meetings attended by the Contractor and the CDHS. These meetings may include walkthroughs of selected parts of the Contractor's main operating facility, as needed by CDHS staff.
 2. Weekly progress reports submitted by the Contractor to the CDHS in a format agreed upon by both parties prior to submission. Weekly progress reports shall be submitted two (2) business days before each weekly progress meeting. In addition to any media format agreed upon, at least ten (10) hard copies of each report shall be submitted to CDHS weekly.
 - a. These reports shall include, but are not limited to, the following items:
 1. Attendees scheduled for upcoming meeting.
 2. Progress of each task and/or activity, as applicable for that period of time.
 3. Topics of general discussion.

4. Action items and decisions made at the previous weekly meeting.
 5. Problem(s) encountered, resolution(s) proposed for each problem, projected completion date of problem resolution(s), current and/or actual status of problem resolution(s), and CDHS and Contractor contact person(s) and phone number(s).
 6. Planned activities for the next two (2) reporting periods.
 7. Status of contractually required deliverables, milestones, and walkthroughs scheduled in the TWP.
 8. A list of all deliverables, milestones, and CDHS approvals that are behind schedule.
 9. Verification by the Quality Assurance Unit that the Takeover tasks are completed within the required time frames and in accordance with Contract provisions as stated in Exhibit A, Attachment II, Operations. Deliverables of non-compliance shall be specifically noted, Problem Statements (PSs) submitted and Corrective Action Plans (CAPs) for resolutions shall be submitted as part of the reports and in compliance with Exhibit A, Attachment II, Section 5, Problem Correction Process.
 10. A list of missing files and/or processes that should have been transferred from the prior contractor as part of its Turnover activities and an adjunct list of inaccurate files and/or programs transferred from the prior contractor as part of its Turnover activities.
 11. Any other information deemed necessary by the Contractor or required by the CDHS.
3. Weekly Deliverable Status (WDS) Report, in the form of a Gantt (or equivalent) chart, in a format agreed upon by both parties prior to submission that shall include the status of deliverables, milestones, walkthroughs and CDHS approvals. The WDS shall be used by the Contractor and the CDHS, in determining the Contractor's progress during Takeover, for tracking the status of Takeover deliverables and to assist the CDHS in determining whether Takeover invoices should be paid.
 - a. The WDS Report shall be furnished to the CDHS, two (2) business days before each weekly progress meeting, and shall be current at the time of submittal. The Contractor and CDHS shall agree on the format to be used. In addition to the media format agreed upon, each weekly submittal shall include 10 (ten) hard copies of each report.
 - b. The WDS Report shall meet the following requirements:
 1. Two (2) versions of the report shall be submitted to CDHS. One (1) report shall use the 'WBS Number' as the sort key, and the second (2nd)

report shall use 'Original Due Date' as its sort key.

2. The report shall include the following items:
 - a. WBS Number - The number that the Contractor has assigned to the deliverable and/or activity required in the TWP.
 - b. Description - Brief description of the deliverable and/or activity.
 - c. Date Delivered - The actual date that the deliverable was submitted to the CDHS for review and approval.
 - d. Original Due Date - Initially, this shall be the due date originally submitted in the Contractor's TWP. Subsequent submittals shall provide the updated or most recently CDHS-approved assigned due date.
 - e. Days Early and/or Late - The number of days the deliverable was submitted either late (- days) or early (+ days).
 - f. Date Approved, Disapproved, Pended, or Conditionally Approved - The date CDHS either: Approved (A), Disapproved (D), Pended (P), or Conditionally Approved (C) the deliverable.
 - g. Resubmission Due Date - If disapproved, pended or conditionally approved, this field shall reflect the new due date set by CDHS. There will be as many entries in this column as disapprovals, pends, or conditional approvals provided by the CDHS.
 - h. Date Resubmitted – The date resubmitted to the CDHS for review.
 - i. Date Approved, Disapproved, Pended, or Conditionally Approved - The date the CDHS approves, disapproves, pends, or conditionally approves the resubmitted deliverable.
 - j. Remarks – Free-form comments space allowing up to seventy (70) characters.

4. A Weekly Deliverable Exception (WDE) Report. This report, in the form of a Gantt (or equivalent) chart, shall extract those deliverables, milestones, walkthroughs, and the CDHS approvals from the WDS Report that are past due.

The WDE Report shall be sorted by due date with the oldest due date first. It shall be submitted both in hardcopy and electronically two (2) business days before each subsequent weekly progress meeting, in a format agreed upon prior to submission. Ten (10) hard copies of each report shall be submitted to the CDHS.

1.6.3 TAKEOVER MANAGEMENT TEAM

At CED, the Contractor shall:

- A. Assemble a Takeover Management Team to lead the Contractor's Takeover activities.
- B. Submit to the CDHS for review and approval the names and resumes of each Takeover Management Team member.
- C. Designate one (1) individual as the Takeover Manager. The Takeover Manager shall be responsible for ensuring that all Takeover requirements are met, and shall serve as the Contractor's liaison to CDHS for the entire Takeover Project. CDHS reserves the right to review and approve the appointment of the Takeover Manager and Takeover Management Team, as well as to instruct the Contractor to make changes in the Takeover Manager position and/or Takeover Management Team anytime during Takeover.

1.7 PERSONNEL ACQUISITION PLAN AND ORGANIZATIONAL STRUCTURE CHART

The Contractor shall, two (2) weeks after CED and monthly thereafter throughout the term of the Contract, update the Personnel Acquisition Plan and Organizational Structure Chart presented in the Narrative Proposal. Provide updates to the Personnel Acquisition Plan and Organizational Structure Chart if changes are proposed to the organizational structure during Takeover. These updates shall be submitted to the CDHS five (5) business days prior to such proposed change(s). All changes shall be subject to the CDHS approval prior to implementation.

1.7.1 PERSONNEL ACQUISITION PLAN

The Contractor shall describe the method of recruitment and selection of staff to assume full operation of the HCO Program. In addition to a narrative discussion, the Personnel Acquisition Plan shall include a Staff Loading Chart and a Gantt (or equivalent) chart showing the proposed hiring schedule. The Personnel Acquisition Plan shall specifically include the following information:

- A. A Contractor Resources Level Report, which is a chart showing the number of staff to report to work on this Contract by month and classification. This report is due two (2) weeks after CED, at Assumption of Operations, monthly thereafter, and as required in Exhibit E, Additional Provisions, Section 21.
- B. The Hiring Progress Report, which is a proposed hiring schedule, to include the method of hiring staff, including sources of recruitment and numbers employed, by functional area.
- C. An explanation, including specific actions to be taken, of how the Contractor shall ensure that experienced and trained personnel in sufficient numbers are

available to support all Takeover tasks and begin full HCO Operations without interruption of service to applicants, beneficiaries, health plans, and the CDHS.

- D. A description of alternative actions, or contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff for each functional or operational area on a timely basis.
- E. A plan for hiring all specialized trained and/or experienced staff, as prescribed throughout the Contract, for such areas as the Telephone Call Center, Presentation Sites, and other critical operational activities. The plan shall provide for hiring staff during Takeover within the time frames required in this Contract.

1.7.1.1 HIRING PROGRESS REPORT

The Contractor shall:

- A. Submit to the CDHS for review and approval, two (2) weeks after CED and every other week (biweekly) thereafter for the duration of Takeover, and monthly thereafter through the duration of the Contract, or as agreed to by the CDHS, a written Hiring Progress Report detailing the status and progress of the actual hiring of personnel as compared with the reports required in the Personnel Acquisition Plan and Organizational Structure Chart. The report format shall be the same as the chart described in 1.7.1 B above, except that the Hiring Progress Report shall include the names of staff, as well. Names, organizational unit, positions/classifications and numbers of staff who have accepted job offers and the names, organizational unit positions/classifications and numbers of staff who have reported to begin work on the HCO Program shall be reported. Also, this report shall include the names, organizational unit, positions/classifications and numbers of staff who have resigned or were terminated. The first submittal of the Hiring Progress Report shall be subject to review and approval for format and content by CDHS. Following the CDHS approval of the initial submittal for format and content, subsequent reports shall conform to this approved model.
- B. Ensure at Takeover completion that the revised and CDHS-approved final version of the Hiring Progress Report is the official document to be used during HCO Operations, as required in Exhibit E, Additional Provisions, Section 21. No changes shall be made without prior written approval by CDHS. The Contractor shall submit the Hiring Progress Report to CDHS by the fifth (5th) business day of each month, as an ongoing Contract deliverable throughout the term of the Contract, as required in Exhibit E, Additional Provisions, Section 21.

1.7.1.2 PERSONNEL HIRING COMMITMENTS

The Contractor shall hire all necessary personnel as needed prior to Assumption of Operations. In those cases where the Contractor is required to have a position(s) filled and a hiring commitment has been made to fill the position(s) with prior contractor's staff member(s), CDHS shall work with the prior contractor to establish a transfer date. If necessary, upon written request by the Contractor and written approval by CDHS, CDHS may consider a waiver of the hiring dates required in the Contract on a case-by-case basis.

1.7.2 ORGANIZATIONAL STRUCTURE CHART

The Contractor shall provide:

- A. A complete and detailed description of the organizational structure to be used by the Contractor during Takeover and Operations phases.
- B. The total staffing levels by classification, for each phase and each organizational unit and function. The Takeover staffing levels submitted shall correspond to the staffing needs indicated by the Contractor in the TWP. If the staffing levels needed for Takeover vary throughout the Takeover phase, variable levels shall be indicated through a written narrative description, Gantt (or equivalent) chart and Staff Loading Chart, which identify staffing by Takeover task. Additionally, the Organizational Structure Chart provisions of this plan shall include the following:
 - 1. Organization charts and descriptions showing the location of the HCO Contract within the Contractor's overall corporate structure and organization charts and descriptions for all HCO Program operational areas.
 - 2. The functional responsibilities of each organizational unit, the delegation of responsibilities to HCO Program organizational units, organizational decision-making points, and unit staffing by classification.
 - 3. Complete job descriptions (specifications) for all classifications used within the organization, including job titles, function responsibilities, and educational/experience requirements.

1.8 ASSUMPTION OF OPERATIONS PLAN

- A. One (1) month following CED the Contractor shall submit to CDHS for review and approval its Assumption of Operations Plan.
- B. The Contractor shall:
 - 1. Address specific Takeover requirements and provide detailed, step-by-step procedures for each specific Takeover activity to demonstrate how the Contractor proposes to successfully assume complete and full operation of the current HCO Operations.
 - 2. Provide narrative descriptions, supporting documentation and detailed procedures for each activity, an implementation schedule for all areas of HCO Operations, and a Gantt (or equivalent) chart to describe the Contractor's overall plan for starting and completing each task and activity associated with the Assumption of Operations process.
 - 3. Describe the activities identified in the Assumption of Operations Plan under each of the following Assumption of Operations tasks. Quality Assurance procedures are required on all tasks below:

- a. Staff needed to fulfill Contract requirements, and contingency plans if the Contractor is unable to fulfill Contract staffing requirements. The Contractor shall develop and submit for CDHS approval staffing levels, then implement hiring of staff and utilize contingency plans, if necessary upon written CDHS approval, for all HCO Operations. The contingency plans shall describe the actions the Contractor will take if it is unable to meet contractual staffing requirements.
- b. Transfer of all Telephone Call Center toll-free telephone numbers.
- c. Education and outreach activities:
 - 1. Negotiating new, and/or assuming current Presentation Site agreements.
 - 2. Assessing and arranging for all Presentation Sites to be fully operational, including availability of HCO informing materials, as well as furniture, telephones and other equipment as needed.
- d. Assumption of processing of applicant, beneficiary and other interested parties' inquiries and grievances.
- e. All HCO enrollment processes, to include testing of all processes whether automated or not. The Contractor shall develop and submit for CDHS approval the plan for processing all HCO enrollment forms, including, but not limited to, Choice Forms and all other remaining enrollment forms, not processed by the prior contractor due to transition of the Contract.
- f. Two-way information sharing and maintenance of the Medi-Cal Eligibility Data System (MEDS) maintained by CDHS Information Technology Services Division (ITSD):
 - 1. Testing of two-way sharing of eligibility information with the California Department of Health Services, ITSD.
 - 2. Exchanging processing information and information with the prior contractor.
 - 3. For testing purposes, uniquely identifying Contractor versus prior contractor file information for reporting purposes.
 - 4. Producing accurate documentation for reports.
- g. Communication processes with health plans, Fiscal Intermediaries, and CDHS staff:
 - 1. Establish retrieval and/or information sharing method(s) and protocols for information receipt or exchange of information.
 - 2. Testing of retrieval and information sharing.

- h. Assumption of Mailing Functions.
- i. Assumption of Fulfillment Functions.
- j. Implementing Quality Management responsibilities.
- k. Implement Problem Correction Process.
- l. Producing required reports.
- m. Implementing Records Retention responsibilities.
- n. Implementing Security and Confidentiality responsibilities.
- o. Implementing Disaster Prevention and Recovery/Business Continuity responsibilities.
- p. Transfer of existing records and history files, and transfer and utilization of current inventory (e.g., CDHS-owned/leased computers and related CDHS equipment, furniture, telephones, HCO informing materials, etc.).
- q. Transfer of all Post Office box(es) and postage accounts from the prior contractor at the end of the prior contractor's Operations period.
- r. Update Conflict of Interest Statements, Questionnaires and Avoidance Plan.

1.9 FACILITIES

1.9.1 FACILITIES ACQUISITION AND INSTALLATION PLAN

- A. The Contractor shall submit an updated and more detailed Facilities Acquisition and Installation Plan to CDHS for review and approval three (3) weeks after CED, which details the planned usage of space for the Contractor's manual and automated HCO Operations activities related to the enrollment process, provision of space for CDHS on-site staff during both Takeover and on-going HCO Operations, and provision of space for all equipment and informing materials. The Contractor shall maintain an ongoing inventory of all cost-reimbursed CDHS-owned equipment referred to in this section, including property used in Contractor's facilities. The Contractor shall develop and maintain an ongoing inventory of all CDHS-owned equipment, intended for Contractor use, acquired through the Takeover phase of this Contract or purchased through cost reimbursement.
- B. The Facilities Acquisition and Installation Plan shall include narrative descriptions, supporting documentation, installation schedule and a Gantt (or equivalent) chart detailing the installation schedule. The plan shall provide information that includes, but is not limited to:

1. The location of the Contractor's main operating facility. This Contract requires that the Contractor's main operating facility, temporary as well as permanent, be located within a thirty (30)-mile radius (as determined by freeway access) of the State of California Capitol Building in Sacramento.
2. The extent to which the Contractor's main operating facility is currently under lease or ownership and/or planned to be leased or bought. If the facility is not currently under lease or ownership, the Contractor shall, at a minimum, provide a guaranteed lease option on the facility including the name, address, and telephone number of the leasing or selling agent for contact by CDHS.
3. A description of the facility(ies) it currently has in the Sacramento area for use in HCO Operations, if any, and what facility space, and for what functions, it must obtain and/or finalize development. A temporary main operating facility shall be obtained by the Contractor, if necessary, and be available for occupancy by CDHS Takeover and Acceptance Testing staff and Contractor staff two (2) weeks after the CED. Any change in main operating facility location from that which the Contractor specified in its Narrative Proposal shall be subject to prior written approval by CDHS.
4. A description of the modifications that must be made to the permanent and temporary, if utilized, main operating facility, a schedule for completing those modifications, and the actions taken by the Contractor to ensure that this schedule is met. This description shall address at a minimum:
 - a. Installation of anything that is in addition to standard office space.
 - b. Installation of telecommunications (both data and voice) lines.
 - c. Installation of necessary modifications needed to meet Americans with Disabilities Act (ADA) requirements.
 - d. Installation of necessary special flooring.
 - e. Installation of special electrical equipment.
 - f. Installation of computer air conditioning and cooling systems.
 - g. Installation of fire suppression system that conforms with all applicable city, county, state and federal laws, regulations and/or ordinances. Consideration will be given to fire suppression systems that are able to avoid destruction to physical and electronic data.
 - h. Major facility installation milestones.
5. A certification that the Contractor has verified that electrical, telecommunications, and telephone service can be provided to the Contractor's main operating facility and on-site CDHS offices in order to adequately support HCO Operations.

6. The interdependencies with other Takeover tasks and contingencies for problems and delays. The Contractor shall describe how it will utilize space to support Takeover activities including any temporary space needed for Contractor and CDHS staff and how required space will be handled for each Takeover task.
7. Allocated space by function, including CDHS space.
8. List of Contractor staff accessibility, by name and job title, to CDHS space.
9. Access to telephone, and electrical power and network connection.
10. A certification that the Contractor has verified and approved the inventory list of all cost-reimbursed CDHS-owned equipment provided for use during the Contract by the prior contractor during Takeover. The inventory referred to in this section includes, but is not limited to, property used in the Contractor's facilities. The certification of the inventory list shall be due at a date determined by the CDHS. The Contractor shall accept the transfer of the items on the inventory list at a date determined by the CDHS and the Contractor.
11. A description of available parking, including CDHS (management and staff), Contractor (management and staff), visitor and disabled reserved parking spaces.

1.9.2 SET-UP

- A. Utilizing the Facilities Acquisition and Installation Plan, if necessary, a temporary main operating facility shall be obtained by the Contractor until the permanent main operating facility is installed. The facility, whether permanent or temporary, shall be available for occupancy by CDHS Takeover and Acceptance Testing staff and Contractor staff two (2) weeks after the CED. The Contractor shall comply with all requirements as defined in the provision of HCO Operations for up to forty (40) permanent CDHS staff and temporary space available for up to ten (10) CDHS Takeover and Process Acceptance Testing staff.

- B. Temporary Main Operating Facility

The temporary main operating facility, with sufficient space to perform Takeover activities, including all planning and testing responsibilities, is to be located within a thirty (30)-mile radius (as determined by freeway access) of the State of California Capitol Building in Sacramento. Subcontractors are not subject to the thirty (30)-mile radius requirement.

- C. Permanent Main Operating Facility

1. The Contractor shall obtain a permanent facility, with sufficient space to perform all Takeover activities including all planning and testing responsibilities and activities, within a thirty (30)-mile radius (as determined by freeway access) of the State of California Capitol Building in Sacramento

to perform HCO Operations. Subcontractors are not subject to the thirty (30)-mile radius requirement.

2. The permanent facility, including all CDHS space, shall be completely operable two (2) weeks prior to Assumption of Operations.
3. CDHS staff shall be able to move into the Contractor's permanent main operating facility two (2) weeks prior to Assumption of Operations.

1.10 CUSTOMER SERVICE

1.10.1 CUSTOMER SERVICE PLAN

- A. The Contractor shall submit to CDHS for review and approval a Customer Service Plan two (2) weeks after CED. This plan shall:
 1. Include narrative descriptions, detailed procedures, an implementation schedule, and a Gantt (or equivalent) chart demonstrating how Contractor shall prepare during Takeover to meet the HCO Operations responsibilities of customer assistance.
 2. Describe, in detail, the Contractor's procedures, tasks, activities, space and facilities plan, and staffing for all Customer Services functions, to ensure Contractor compliance with all Contract requirements.
 3. Identify anticipated problems (including staffing), and include a contingency plan for each identified problem. The Contractor shall follow the contingency plan(s) in the event staffing during Takeover proves inadequate for the Contractor to meet all of its contractual requirements.

1.10.2 SET-UP CUSTOMER SERVICE FUNCTIONS

Utilizing the Customer Service Plan, the Contractor shall ensure all customer service functions (including Telephone Call Center, Presentations Sites, and Research) are adequately staffed at the Assumption of Operations to meet all contractual requirements.

1.10.3 TELEPHONE CALL CENTER (TCC)

1.10.3.1 TELEPHONE CALL CENTER SYSTEM AND EQUIPMENT

The Contractor shall ensure all necessary telecommunication systems, equipment, TCC toll-free telephone line(s), Integrated Voice Response (IVR) process, Beneficiary Interaction Tracking (BIT) process, Integrated Predictive Dialer System and Integrated Call Tracking Information process are installed, tested and fully operational one (1) month prior to Assumption of Operations.

1.10.3.2 TELEPHONE CALL CENTER STAFFING

The Contractor shall ensure the TCC is fully staffed and able to meet requirements in Exhibit A, Attachment II, Section 1, Customer Service, at Assumption of Operations.

1.10.3.3 TELEPHONE CALL CENTER STANDARDS

The Contractor shall ensure the TCC standards, including developing processes and documentation for answering applicant, beneficiary and other interested party inquiries, including after hours telephone call messages, shall be met according to requirements in Exhibit A, Attachment II, Section 1, Customer Service, at Assumption of Operations.

1.10.3.4 CALLER SATISFACTION EVALUATION TOOL

The Caller Satisfaction Evaluation tool shall be submitted to the CDHS for written approval one (1) month prior to Assumption of Operations. The Contractor shall develop this tool in conjunction with the CDHS.

1.10.4. ENROLLMENT SERVICE REPRESENTATIVE PRESENTATIONS

1.10.4.1 PRESENTATION SITE SPACE AND STAFFING PLAN

- A. Three (3) months prior to Assumption of Operations, the Contractor shall submit for State review and approval a Presentation Site Space and Staffing Plan specifically designed to meet the goal of securing sites that are likely to produce the highest attendance rates for all cultural and linguistic groups and Medi-Cal applicant/beneficiaries. This plan shall provide for the following:
 - 1. An analysis of the distribution of Medi-Cal applicants/beneficiaries, by threshold language, in each managed care county. This analysis shall be at the zip code level, unless the Contractor is able to achieve even finer resolution. This analysis shall be performed using a geographic information system (GIS) application, unless the Contractor can propose (and the State approves) the use of another application.
 - 2. Presentation Site specifications:
 - a. Minimum space requirements.
 - b. Access.
 - c. Availability of public transportation.
 - d. Parking.
 - e. Safety.
 - f. Furniture and equipment needs, including telephones and secure storage.
 - g. Proximity to concentrations of Medi-Cal applicants/beneficiaries.

- h. Potential of local labor market to supply ESRs with the requisite skills (including threshold language fluency).
 - i. Other specifications deemed necessary by the Contractor and/or the State.
 - j. Confidential location within site for interactions with beneficiaries.
- 3. A strategy for contacting, forming alliances with, and working with advocacy groups, CBOs, County DPSS and Medi-Cal Managed Care staff to secure Presentation Sites, and to develop other opportunities for informing and educating applicants/beneficiaries.
- 4. A strategy for ensuring that all regional presentation sites will be operable two (2) weeks prior to Assumption of Operations.
- 5. The Contractor has a responsibility to maintain cooperative relationships with County Social Services Administrations and specific social services sites within those counties. The Contractor shall develop strategies and form agreements to maximize the number of referrals to ESRs, thereby achieving the ultimate goal of mandatory attendance at an informing presentation and completion of the Choice Form.
- 6. The drafting of a template Memorandum of Understanding (MOU) between the Contractor and the entities who donate space to the Contractor to use as Presentation Sites. This MOU shall thoroughly describe all aspects of the use agreement between the two parties (access arrangements, use of furniture and office equipment, liability, etc.).
- 7. A site staffing plan, based on the results of the required beneficiary distribution analysis described above. This plan shall estimate:
 - a. The number of applicants and eligibles likely to use the site. Unless the State approves an alternative estimation procedure, this shall be based upon an estimate of the size of the typical site service area. If the Contractor determines, for example, that a typical site in an urban area will service beneficiaries within a twenty (20) mile radius of the site, the Contractor will estimate the number of beneficiaries who reside within a twenty (20) mile radius of the site in question. This estimate shall group the beneficiary estimate by threshold language.
 - b. The expected number of presentations and customer service sessions to be held per month at the site. A customer service session is a meeting with a beneficiary in which a full presentation is not provided. These are usually held in order to answer specific beneficiary questions, or to help a beneficiary who already knows their plan choice to complete an enrollment form. Unless the State approves an alternative estimation procedure, the presentation/customer service estimate shall be based upon an estimate of the number of presentations a given population of beneficiaries typically generates. If the Contractor determines, for

example, that ten (10) presentations per month are generated for each one-thousand (1,000) beneficiaries, that ratio would be applied to the beneficiary population in the site's service area. This estimate shall group the presentation estimate by presentation threshold language (the threshold language in which presentations must be given).

- c. The estimated number of ESR and ESR supervisors necessary to meet the estimated demand for presentations and customer service sessions. This estimate shall take into consideration all opportunities and necessities for sharing ESRs among presentation sites.
- 8. Staffing levels at each presentation site shall be sufficient to meet the demand for presentations and customer service sessions, or to meet the State's ESR Full Time Employee (FTE) limit, if one has been established. Unless the State has placed a limit on the number of FTEs allowable in a given area, no requests for presentations shall go unfulfilled.
- 9. Other considerations deemed necessary or relevant by the Contractor or the State.

1.10.4.2 MATERIALS

Presentation materials, including but not limited to, procedures and forms used to enable County DPSS and CBO staff referrals and all necessary resources for effective presentations shall be submitted to the CDHS for written approval one (1) month prior to Assumption of Operations.

1.10.4.3 STAFFING LEVELS

- A. The Presentation staffing levels, including ESR permissible under the bid rates of this Contract range from seventy (70) to one hundred thirty (130) full time equivalents (FTEs).
- B. The ESR staffing levels in effect at the beginning of the Contract term will:
 - 1. Be established by the CDHS two (2) months after the Contract Effective Date.
 - 2. Specify the required percentages of bilingual ESR, by threshold language.
 - 3. Be reviewed periodically throughout the life of the Contract.

1.10.4.4 SUPERVISION

The ratio of FTE ESR supervisors to FTE ESR positions shall be no less than 1:8 (eight ESR FTEs to every one ESR supervisor). The Contractor shall, at a minimum, employ one (1) State-wide Field Operations Manager, one (1) Regional Manager in Northern California, one (1) Regional Manager in Central California and one (1) Regional Manager in Southern California.

1.10.4.5 OBSERVATION/EVALUATION TOOL

- A. The Observation/Evaluation tool used to perform this activity shall be submitted to the CDHS for written approval one (1) month prior to Assumption of Operations.
- B. The CDHS-approved tool shall include, but not be limited to:
 - 1. Presentation/public speaking skill.
 - 2. Knowledge of the Medi-Cal managed care and the HCO Program.
 - 3. Ability to communicate in the culture and language of the attendee.
 - 4. Presentation content and delivery, including audience appropriateness of the presentation.

1.10.4.6 ATTENDEE FEEDBACK EVALUATION TOOL

The Attendee Feedback Evaluation tool used to assess applicant/beneficiary satisfaction with each HCO presentation shall be submitted to the CDHS for written approval one (1) month prior to Assumption of Operations. The Contractor shall develop this tool in conjunction with the CDHS.

1.10.4.7 ATTENDANCE RECORDS

The final format for attendance records to be used for collecting data and the methods used to report such shall be submitted to the CDHS one (1) month prior to Assumption of Operations. The Contractor shall develop this tool in conjunction with the CDHS.

1.10.5 RESEARCH

The Contractor shall, by the Assumption of Operations, develop processes and documentation for handling beneficiary grievances and/or complaints, as required in Exhibit A, Attachment II, Section 1, Customer Service.

1.10.5.1 RESEARCH SATISFACTION EVALUATION TOOL

The Research Satisfaction Evaluation tool used to assess applicant, beneficiary and other interested parties' satisfaction with assistance provided them with their issues and concerns through the Research process shall be submitted to the CDHS for written approval one (1) month prior to Assumption of Operations. The Contractor shall develop this tool in conjunction with the CDHS.

1.10.6 CUSTOMER SERVICE PORTAL

The Customer Service Portal shall be developed and submitted to the CDHS three (3) months prior to Assumption of Operations. Upon CDHS written approval, the Portal shall be fully operational one (1) month prior to Assumption of Operations.

1.10.7 PROVIDER INFORMATION NETWORK

The Provider Information Network (PIN) shall be developed and submitted to the CDHS three (3) months prior to Assumption of Operations. Upon CDHS written approval, the PIN shall be fully operational one (1) month prior to Assumption of Operations.

1.11 INFORMING MATERIALS

1.11.1 MATERIALS DEVELOPMENT AND PRODUCTION, AND MAILING FUNCTIONS PLAN

The Contractor shall submit to CDHS for review and approval a Materials Development and Production, and Mailing Functions Plan three (3) weeks after CED. The plan shall:

1. Describe, in detail, the Informing Materials subcontractor's role, if a subcontractor is used, in meeting all requirements in Exhibit A, Attachment II, Section 2, Informing Materials.
2. Include narrative descriptions, detailed procedures, an implementation schedule, and a Gantt (or equivalent) chart demonstrating how Takeover responsibilities for materials development, production and mailing functions shall be performed.
3. Describe, in detail, the Contractor's procedures, tasks, activities, space and facilities plan, and staffing for all materials development and production, and mailing functions, to ensure Contractor and/or subcontractors' compliance with Contract requirements.
4. Identify anticipated problems (including staffing), and include a CDHS-approved contingency plan for each identified problem. The Contractor shall follow the contingency plan(s) in the event staffing during Takeover proves inadequate for the Contractor and/or subcontractors to meet all of its contractual requirements.
5. The mailing operations proposal shall include, but not be limited to, a mailing operations description, an inventory and inventory control process, and a detailed staffing and management plan, which includes quality control and support staff. This proposal shall be comprehensive, covering all mailing operations processes and supporting functions, and all staff and management positions associated with the mailing operations requirements in Exhibit A, Attachment II, Section 2 Informing Materials.

1.11.2 DEVELOP AND PRODUCE, AND MAIL INFORMING MATERIALS

Using the CDHS-approved Materials Development and Production, and Mailing Functions Plan, the Contractor and the Mailing fulfillment staff (if different than the Contractor) shall:

1. Three (3) months prior to the Assumption of Operations, demonstrate to CDHS that the Contractor (and Mailing fulfillment staff, if different than the Contractor) will be fully staffed and operational at Assumption of Operations. Fully operational is defined as being able to meet all Takeover requirements, as well as the requirements in Exhibit A, Attachment II, Scope of Work, of this Contract.
2. Demonstrate the ability to develop and produce, and mail all HCO informing materials at least two (2) months prior to Assumption of Operations.
3. Have a sufficient supply of all HCO informing materials, as required in Exhibit A, Attachment II, Section 2, Informing Materials, to perform all HCO Operations no later than one (1) month prior to Assumption of Operations.
4. Have the ability to store and manage inventory, dispose of returned and obsolete materials, and perform timely retrieval of all informing materials that are periodically mailed to beneficiaries as a part of the HCO Program.

1.11.3 MEDI-CAL PUBLICATIONS

- A. The Contractor shall submit to CDHS for review and approval a Medi-Cal Publications Plan three (3) months before Assumption of Operations. The plan shall:
 1. Include narrative descriptions, detailed procedures, and an implementation schedule demonstrating how Takeover responsibilities for materials development, production and mailing functions shall be performed.
 2. Describe, in detail, the Contractor's procedures, tasks, activities, space and facilities plan, and staffing for all operations required in Exhibit A, Attachment II, Section 2.9, Informing Materials, Medi-Cal Publications, to ensure Contractor and/or subcontractors' compliance with Contract requirements.
- B. The Contractor shall, two (2) weeks before Assumption of Operations:
 1. Be fully staffed and operational. Fully operational is defined as being able to meet these Takeover requirements, as well as the requirements in Exhibit A, Attachment II, Section 2.9, Medi-Cal Publications, of this Contract.
 2. Demonstrate the ability to receive and fulfill orders for Medi-Cal Publications, as directed by the CDHS, and to perform all other required activities regarding Medi-Cal Publications.
 3. Take possession of master copies of existing publications from CDHS. CDHS shall retain authority to designate the manner and method by which master copies shall be transferred.
 4. Accept delivery and assume physical control of the existing inventory of selected Medi-Cal Publications from CDHS.

1.12 ENROLLMENT/DISENROLLMENT PROCESS

The requirements in this subsection are required if either a manual or an automated system is proposed and accepted as part of the Contract.

1.12.1 ENROLLMENT/DISENROLLMENT PROCESSING COMPLIANCE PLAN

Two (2) weeks after CED, the Contractor shall submit for written CDHS approval an Enrollment/Disenrollment Processing Compliance Plan for bringing the Enrollment/Disenrollment Processing functions into full compliance with the standards and requirements in Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing.

1.12.2 ENROLLMENT/DISENROLLMENT PROCESSING PROCEDURES AND PROCESS GROUP ORGANIZATION MANUAL

The Contractor shall submit for CDHS review and approval the Enrollment/Disenrollment Processing Procedures and Process Group (PG) Organization Manual three (3) months prior to Assumption of Operations. This manual shall be submitted with the requirements as stated in Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing.

1.12.3 COMMUNICATION LINKS

The Contractor shall establish and maintain the appropriate links, as required in Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing, two (2) months prior to Assumption of Operations.

1.12.4 CDHS ACCESS TO PROCESSES

The Contractor shall ensure the CDHS access shall begin at CED, per Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing.

1.12.5 INFORMATION DICTIONARY USERS GUIDE

A. The Contractor shall submit to CDHS for review and approval prior to Acceptance Testing the Information Dictionary Users Guide. The Users Guide shall describe, at a minimum, the following:

1. The operation and capabilities of the Information Dictionary.
2. Information available to users of the Information Dictionary and how users access and retrieve this information.
3. Examples and explanations of screens encountered by users.
4. Information regarding additional assistance available from the Contractor to users during online sessions.
5. Glossary and a brief explanation of all commands.

6. Interaction of the Information Dictionary with the rest of Enrollment/Disenrollment Processing.

B. The Information Dictionary Users Guide shall completely describe the Contractor's practices and procedures in updating and maintaining the Information Dictionary, as required in Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing.

1.12.6 INFORMATION FILES

Prepare and submit to the CDHS for approval, during Takeover, all necessary information files. All information files must be updated with the most current information.

1.12.6.1 INFORMATION FILE LAYOUT DESCRIPTIONS MANUAL

The Contractor shall submit one (1) week after CED an Information File Layout Descriptions Manual. The manual shall include a narrative of the information file including the purpose, function, and processing intent. A brief narrative describing each record type and a schematic of all record types shall be included.

1.12.6.2 INFORMATION FILE INSTALLATION PLAN

The Contractor shall submit an Information File Installation Plan to CDHS for review and approval three (3) weeks after CED. The plan shall, at a minimum, describe:

1. Installation dates for each file.
2. Availability of working tools to enable installation.
3. Storage media for files.
4. Interdependencies with other Takeover tasks and contingencies for problems or delays. This shall include the files needed to support each Takeover task, including Process Testing, Acceptance Testing and the various components of the HCO Operations.
5. Procedures for installation of files, including file changes and considerations for files with additional history during Takeover.
6. Procedures for creating files for transmittal to CDHS and other entities.

1.12.6.3 INSTALLATION OF FILES

A. Testing files will be made available to the Contractor for testing prior to the required installation date. Communication protocols, configurations, communication tools, etc., shall be determined by CDHS during Takeover. Utilizing the Information File Installation Plan, the Contractor shall:

1. Accept, install, and utilize CDHS supplied files or production files for Acceptance Testing.
2. Install all files necessary to assume HCO Operations and processes, no later than three (3) business days after receipt of same by the Contractor.
3. Install and update the following specific files which require special consideration prior to the startup of HCO Operations processing functions.
 - a. Accept MEDS transactions one (1) month prior to Assumption of Operations.
 - b. Accept and install the history files from the prior contractor prior to the Assumption of Operations, as well as receive and process weekly updates from the prior contractor until the end of the prior contract.
 - c. Maintain its own history files beginning with Assumption of Operations.
 - d. Accept and install all information files and records of all enrollments and disenrollments authorized by the prior contractor, immediately prior to Assumption of Operations, and utilize this file for editing new enrollment and disenrollment requests to avoid duplicates after Assumption of Operations.
- B. For all of the above files, the Contractor shall submit appropriate reports to CDHS in compliance with the requirements of Exhibit A, Attachment II, Section 6, Reports.

1.12.6.4 FILES DURING ASSUMPTION OF OPERATIONS

- A. Various files, as described in the Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing, shall be transferred from the prior contractor for use in this Contract. Installation of these files shall occur within three (3) business days after receipt by the Contractor.
- B. The Contractor shall:
 1. Update or merge newly transferred files with prior files that the Contractor has already installed and has been maintaining.
 2. Process any residual enrollments, disenrollments and exception to plan enrollment request forms transferred at the end of the prior contractor's contract.
 3. Accept and install all files that CDHS may designate as part of the responsibilities of the assumption of the residual inventories from the prior contractor.

4. Transfer and maintain all weekly, monthly, and yearly history files in order to maintain complete records and have the files readily accessible to re-create history.

1.12.7 INTEGRATED TESTING

1.12.7.1 INTEGRATED TESTING PLAN

A. The Contractor shall:

1. Update and submit the Integrated Testing Plan for CDHS review and approval one (1) month after the CED.
2. Describe the method(s) of testing all segments of the HCO Operations as well as scheduled testing dates.
3. Progressively test each program, as well as the collective processes, integrating all parts of the process.

B. The Contractor's Integrated Testing Plan shall:

1. Clearly define, uniquely identify, and independently schedule each testing to be performed.
2. Define Integrated Testing documentation standards and provide for inclusion of initial and subsequent testing results and storage of all testing documentation in a central location in a manner easily accessible and retrievable by CDHS monitoring staff.
3. Relate testing to the Enrollment/Disenrollment Processing design documentation and overall Contract requirements.
4. Review administrative support and operating procedures with direct links to the Enrollment/Disenrollment Processing. Validate Quality Management Process procedures for setting accuracy and error levels and for monitoring compliance.
5. Define the methodologies and procedures for identifying and tracking areas of unacceptable performance and the CAP applied to deficiencies. These methodologies and procedures shall include steps for CDHS review and approval during the problem identification/tracking and CAP processes, and provisions for daily written notification to CDHS when problems are identified.
6. Identify the number, classification, and names of key staff responsible for each testing, including Contractor staff responsible for communication with CDHS during Integrated Testing and staff responsible for the Quality Assurance (QA) Integrated Testing team. The QA Integrated Testing team shall be employed one (1) month after CED.
7. Include actual testing scenarios along with expected results.

8. Specify the criteria the Contractor shall use in determining the completion of each Integrated Testing activity.

1.12.7.2 INTEGRATED TESTING EXECUTION

A. The Contractor shall:

1. With the participation of CDHS staff, execute the Integrated Testing Plan, make corrections, and keep CDHS informed on the status of all tasks and activities identified in the plan.
2. Provide office space for up to ten (10) CDHS staff during Integrated Testing (see Exhibit E, Additional Provisions, Section 41.H, On-Site Monitoring and Audit Staff, and Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing).
3. Prepare for Integrated Testing activities, including but not limited to:
 - a. Create testing files with predetermined sets of information to ensure proper testing of all testing scenarios.
 - b. Install process tools.
 - c. Prepare and install the Enrollment/Disenrollment Processing and supporting processes.
4. Test all aspects of the HCO Operations, to include but not limited to:
 - a. Validating all process programs to conform to specifications, Contract requirements and Exhibit A, Attachment II, Section 3, Enrollment/Disenrollment Processing.
 - b. Validating that processing cycle times meet CDHS requirements.
 - c. Testing process performance and process capacity.
 - d. Verifying that response times meet CDHS requirements.
 - e. Executing steps of the Enrollment/Disenrollment Processing to verify operating procedures and Contract requirements.
 - f. Testing all Enrollment/Disenrollment Processing reports and output.
5. Develop and conduct parallel testing of HCO Operations and Enrollment/Disenrollment Processing process functions that parallel the prior contractor's processing functions. Testing shall be conducted during Integrated Testing and CDHS Acceptance Testing Phase of Takeover.

6. Simulate disaster conditions and execute recovery procedures, including availability and use of the backup facility(ies) to test the Disaster Prevention and Disaster Recovery/Business Continuity Plan.
7. Monitor and report testing results to CDHS, to include:
 - a. Execution of all other procedures supporting the process functions. This includes, but is not limited to, input preparation, information entry, control functions, enrollment/disenrollment and exceptions to plan enrollment request processing, and customer service functions.
 - b. Conduct weekly status meetings with CDHS to discuss overall status as well as identify areas of unacceptable performance, corrective action(s) to be taken, and areas where performance is acceptable.
 - c. Conduct walkthroughs and submit documentation showing the Contractor's results of each testing scenario. Additional documentation and related materials requested by CDHS shall be submitted no later than one (1) business day after the request.
8. Submit a written certification to CDHS prior to CDHS Acceptance Testing indicating the following:
 - a. Certifying the preparedness to begin full HCO Operations based on the successful completion of Integrated Testing.
 - b. Submit a report detailing Integrated Testing results to support the readiness of HCO Operations for CDHS Acceptance Testing.
- B. Completion of Integrated Testing is subject to CDHS review and approval. If CDHS does not approve the Integrated Testing results, the Contractor shall continue its Integrated Testing as directed by CDHS.
- C. The Contractor may continue the Integrated Testing after the date of the Contractor certification to CDHS of readiness for CDHS Acceptance Testing, and/or the date of written CDHS approval of Contractor completion of Integrated Testing. Any changes made by the Contractor shall be identified, process tested following the rules and guidelines of this section, and moved into Acceptance Testing after approved by CDHS.
- D. The Contractor shall:
 1. Using the Problem Correction Process (PCP), fully document all deficiencies found by the Contractor and/or CDHS, during and after the installation of the Enrollment/Disenrollment Processing and/or Integrated Testing. CDHS shall determine whether a deficiency exists and, if so, whose responsibility the deficiency is and how the deficiency is to be corrected.
 - a. If the deficiency is determined to be CDHS responsibility:

1. CDHS shall determine whether the Contractor can implement the corrected change.
2. If it is determined that the Contractor can correct the deficiency for which CDHS is responsible, the work shall be performed by the Process Group (PG) and shall be billable to CDHS. The Contractor shall correct all known HCO Operations deficiencies prior to completion of Integrated Testing.
- b. If the deficiency is determined not to be CDHS responsibility, the Contractor shall perform the work to correct said deficiency and shall not invoice CDHS for the work performed.
2. Upon completion of Integrated Testing, the Contractor shall accept the HCO Operations "as is" and shall be responsible thereafter for any pre-existing deficiencies.

1.12.8 ACCEPTANCE TESTING

The Contractor shall:

1. Prior to Acceptance Testing, resolve inconclusive and/or incomplete areas of Integrated Testing identified by CDHS. CDHS Acceptance Testing will place emphasis on the proficiency of the Contractor's staff in performing HCO Operations including the adequacy of the Contractor's resources to conduct all HCO Program functions. Assumption of Operations shall not be permitted until CDHS approves, in writing, completion of Acceptance Testing.
2. Execute all Acceptance Testing as directed by CDHS. Acceptance Testing of processes shall be comprehensive to accomplish the following objectives:
 - a. Ensure the transferred HCO Operations and processes are in accordance with Contractual requirements and that any differences between the Contractor's results and the results from the existing incumbent process can be explained as a higher level of compliance with these requirements.
 - b. Ensure that integrity has been maintained with regard to established standards and acceptable data processing techniques.
 - c. Ensure a smooth transition of all HCO Operations at Assumption of Operations while ensuring that the transition remains transparent to health plans, beneficiaries, applicants and process users.
 - d. Ensure that the Contractor's operation of the Enrollment/Disenrollment Processing functionality is ready for processing at Assumption of Operations.
 - e. Identify where the HCO Operations do not conform to program policies and procedures in order to ensure correction of any process deficiencies.

1.12.8.1 ACCEPTANCE TESTING SUPPORT PLAN

The Contractor shall submit an Acceptance Testing Support Plan to CDHS for review and approval three (3) months after CED. The plan shall:

1. Allow at least eight (8) business days for CDHS Acceptance Testing and other requirements included in CDHS plan.
2. Describe the Acceptance Testing Support Plan that the Contractor shall provide to CDHS. For each testing described below, the Contractor resources allocated to the testing shall include staffing by organizational unit, tools and support equipment.
3. Include a full description of how the Contractor shall perform and fulfill its back-up and recovery responsibilities in compliance with all requirements of this Contract.
4. Define the methodologies and procedures for identifying and tracking areas of unacceptable performance and the CAP applied to deficiencies. These methodologies and procedures shall include steps for CDHS review and approval during the problem identification/tracking and CAP processes, and provisions for daily written notification to CDHS when problems are identified.
5. Describe the process and schedule for conducting the final parallel testing.

1.12.8.2 ACCEPTANCE TESTING RESPONSIBILITIES

- A. The acceptance testing shall occur prior to Assumption of Operations with enough time to provide CDHS at least eight (8) business days for testing as well as to certify the results of testing and preparation of process implementation. Acceptance Testing shall follow completion of Process Testing, certification by the Contractor that the HCO Operations is ready for Acceptance Testing, and CDHS review of the Contractor's Process Testing results. The Contractor shall continue to provide office space for ten (10) on-site CDHS staff during Acceptance Testing.
- B. During Acceptance Testing, the Contractor shall conduct its second of two (2) parallel testings of the HCO Operations and Enrollment/Disenrollment Processing with the prior contractor. The results of the testing shall be submitted to CDHS for review and approval and shall serve as input to CDHS Acceptance Testing decisions on Contractor readiness to assume full operation of the HCO Operations. If either or both of the parallel testings fail to show the Contractor is capable of processing with the same results as the prior contractor or if the Contractor encounters problems, the testing(s) shall be re-run until CDHS approves in writing the results.
- C. The Contractor shall:

1. Review CDHS Acceptance Testing Plan as well as their plan to ensure all elements of the facility(ies), staff, tools, and other resources required for Acceptance Testing are operational and ready.
2. Provide a separate Testing Unit to provide ongoing testing capabilities and support to CDHS, for both the period of Acceptance Testing and for the period of ongoing HCO Operations under the Contract. This Testing Unit shall include all necessary resources to support such a unit including, but not limited to, adequate tools, physical facility(ies) and knowledgeable personnel.
3. Perform Acceptance Testing functions as directed by CDHS within the time frames established by CDHS. The Contractor shall maintain open communication with CDHS during testing, and shall provide walk-throughs to CDHS staff on specified testing, upon request.
4. Submit to CDHS for review and approval all Acceptance Testing documentation, including files, reports and individual enrollment, disenrollment and exemption information necessary to validate testing results. These materials shall be submitted to CDHS no later than one (1) business day following testing execution. The Contractor shall submit to CDHS a list of such testing documentation each week.
5. Respond to and correct all problems identified by CDHS as a result of the Acceptance Testing within twenty-four (24) hours of notification. The Contractor shall repeat Acceptance Testing until criteria defined by CDHS are met and satisfied.
6. Maintain the Acceptance Testing environment to reflect those of the production environment. These Acceptance Testing files, processes/programs, etc., will be used to conduct Acceptance Testing of all process changes that occur during the HCO Operations period of this Contract.
7. For the entire Takeover Acceptance Testing period as well as the HCO Operations period of the Contract:
 - a. Provide a separate testing environment for Acceptance Testing purposes.
 - b. Create and maintain testing history files for Acceptance Testing purposes only.
 - c. Specify migration schedule for program "fixes" from the Process Testing environment to the Acceptance Testing environment and migrate only after CDHS review and written approval.
 - d. Create and maintain Acceptance Testing access to MEDS and other support files according to CDHS direction.

8. Ensure all Acceptance Testing on all segments of the Contractor's operation shall be performed with the same equipment to be used for full HCO Operations.
9. Ensure that Contract staff with appropriate classifications and training to support testing shall be in place prior to the start of Acceptance Testing.
10. Perform volume, stress and parallel testing as directed by CDHS, to demonstrate the ability to process expected HCO Program workloads accurately within prescribed time frames.
11. Where appropriate, ensure testing shall be scheduled concurrently so that Acceptance Testing can progress more rapidly.
12. Ensure that CDHS staff shall have access to all Enrollment/Disenrollment Processing facility(ies), equipment, tools, files, and other materials covered by this Contract, in support of any tasks related to testing.

1.12.8.3 ACCEPTANCE TESTING - CDHS RIGHTS

During Acceptance Testing, CDHS reserves the right to:

- A. Take the primary role in the evaluation of Acceptance Testing. The Contractor shall participate in the evaluation as directed by CDHS. The evaluation process will compare expected results against the actual testing results. Any problems found during testing shall be resolved as described in this Takeover Section.
- B. Reduce the scope of Acceptance Testing if the Contractor can adequately demonstrate preparedness for Assumption of Operations, or expand levels of testing where CDHS determines additional testing is needed.
- C. Continue testing and monitoring until all testing Process Variance Reports (SVRs) identified during Acceptance Testing have been resolved. The Contractor shall provide all necessary support. All deficiencies are to be corrected by the Contractor.
- D. CDHS may continue testing the system and processes after the Assumption of Operations in order to identify and ensure correction of any remaining deficiencies, or as part of CDHS ongoing monitoring of the PG testing. Upon completion of the Takeover Acceptance Testing, the Contractor shall maintain and make those testing files available to CDHS staff for Acceptance Testing of process changes during the HCO Operations period of this Contract.

1.12.8.4 ACCEPTANCE TESTING CATEGORIES

- A. The Contractor shall ensure adequate testing of all aspects of the HCO Operations and supporting processes. Acceptance Testing is split into several categories. Each main category of Acceptance Testing shall be subdivided into segments to provide for selected testing of all elements (these shall be defined in CDHS detailed Acceptance Testing Plan).

B. The main categories and related general testing activities are described as follows:

1. Process Related Testing

- a. Each functional area of the Enrollment/Disenrollment Processing described in the Scope of Work shall be thoroughly tested.
- b. Each supporting process (such as the PCP) shall be thoroughly tested to ensure each process is operating as designed.

2. Operations

- a. Operations include, but are not limited to, input preparation, information entry, forms processing, customer service functions, research operations, mailroom functions and all other operational areas. All processes shall be tested. Input and/or output activities and functions performed by any other Contractor organizational unit shall be included in the operations Acceptance Testing process.
- b. Input preparation shall be tested from receipt of all inputs in the mailroom through sorting, batching, numbering, scanning, and controlling, to submission of information entry, to records retention and retrieval responsibilities. Outputs from information entry shall be examined.
- c. Processing includes all processing of documents from receipt through completion of the transaction (such as enrollment, disenrollment or exception processing).
- d. All transactions submitted to outside entities shall be tested with the appropriate organization to ensure proper delivery of information.
- e. All transactions supported by the Enrollment/Disenrollment Processing shall be tested with both valid and invalid data. All forms of input information and processing cycles shall be tested to ensure that appropriate files are updated. Files, reports, and hard copy prints produced by each process shall be examined for conformity to design requirements.

1.12.8.5 SELECTED ACCEPTANCE TESTING SCENARIOS

1.12.8.5.1 ON-LINE FUNCTIONS TESTING

- A. CDHS and Contractor staff shall enter transactions supported by the Enrollment/Disenrollment Processing information entry functions, to include, but not limited to, form entry and processing, beneficiary tracking information entry, and research processing. Transactions shall be submitted to test all variations of input. Input and output hard copy prints shall be checked, and outputs required by transactions requests shall be produced.

B. Assumptions:

1. All Enrollment/Disenrollment Processing tools shall be fully installed before the start of Acceptance Testing.
2. Key Contractor staff from each organizational unit shall be allocated for the functionality testing.
3. Sufficient Contractor staff who meet CDHS proficiency standards shall be allocated to enable turnaround of CDHS submitted testing within the timelines defined in this Contract.
4. Sufficient tools and other support equipment shall be allocated to ensure turnaround of the testing within the timelines defined in this Contract.

1.12.8.5.2 VOLUME, STRESS AND PARALLEL TESTING

A. CDHS shall provide the Contractor with documents or files to simulate some or all of a full business day's worth of HCO Operations and HCO process production functions.

B. The Contractor shall:

1. Demonstrate the ability to process the files, from start to finish, within specified time limits.
2. Perform parallel testing of the process prior to the Assumption of Operations.
3. Conduct parallel testing during Acceptance Testing. The results of testing shall be reviewed and approved by CDHS.

C. Assumptions:

1. Key Contractor staff from each organizational unit shall be allocated for this testing.
2. Sufficient Contractor staff who meet CDHS proficiency standards shall be available to ensure testing completion within three (3) business days. The Contractor shall be prepared to handle daily, weekly, and monthly volumes for evaluation purposes.
3. Sufficient tools and support equipment shall be allotted to ensure turnaround for this testing within the timelines defined in this Contract.
4. The Contractor shall install parallel Enrollment/Disenrollment Processing files to perform the parallel testing.
5. This testing shall include all processes.

6. This testing shall be satisfied if completed on a timely basis as agreed to in writing by the Contractor and CDHS, and CDHS evaluation shows that expected results were achieved. CDHS may repeat this testing if results are not satisfactory.
7. The Contractor shall compare the output of each testing and determine any discrepancies that exist and the source of those discrepancies.

1.12.8.5.3 GENERAL ENROLLMENT/DISENROLLMENT PROCESSING ACCURACY TESTING

- A. CDHS shall provide the Contractor with documents designed primarily to test the Enrollment/Disenrollment Processing validity of information and accuracy of deliverables for all business functions for the various HCO Operations.
- B. The Contractor shall:
 1. Use invalid information to check the accuracy of rejection and error notification routines.
 2. Use valid information to ensure that transactions meeting the validation criteria result in appropriate actions.
 3. Execute the accuracy testings as directed by CDHS.
- C. Assumptions:
 1. All HCO Operations shall be fully implemented as agreed upon in project schedule.
 2. Key Contractor staff from each organizational unit shall be allocated for this series of accuracy evaluations.
 3. Sufficient Contractor staff who meet CDHS proficiency standards shall be allocated to enable turnaround of CDHS-submitted evaluations within the timelines defined in this Contract.
 4. Sufficient resources shall be allocated to ensure turnaround of the evaluations within the timelines defined in this Contract.
 5. This series of evaluations shall apply to all processes.
 6. Contractor staff shall be prepared to perform all corrections and documentation of any process deficiencies that are found, in the timeframes specified by this Contract.
 7. Any portion of the process where deficiencies were found shall be subject to retesting.

8. This series of accuracy evaluations shall be successfully satisfied when CDHS approves of the HCO Operations accuracy.

1.12.8.5.4 CONTRACTOR STAFF PROFICIENCY TESTING

A. The Contractor shall:

1. Test all HCO Program components, including, but not limited to, file processing, TCC operations, mailroom operations, presentations, materials development, mailing operations, correspondence with beneficiaries, health plans and other interested parties, inventory operations, forms processing, quality assurance functions, problem corrections process, reports functions, record retention functions, security and confidentiality functions, and disaster prevention functions.
2. Demonstrate proficiency in all areas of the HCO Program process.
3. Demonstrate proficiency in communicating with CDHS staff in a variety of situations, per the requirements as specified in this Contract.

B. Assumptions:

1. Key Contractor staff from each organizational unit shall be allocated for this testing.
2. Sufficient Contractor staff who meet CDHS proficiency standards shall be available to ensure testing completion within three (3) business days.
3. Sufficient resources shall be allotted to ensure turnaround for this testing within the timelines defined in this Contract.
4. This testing shall include all processes.

1.12.8.5.5 SECURITY AND CONFIDENTIALITY TESTING AND DISASTER PREVENTION AND DISASTER RECOVERY/BUSINESS CONTINUITY TESTING

A. The Contractor shall:

1. Demonstrate how the security and confidentiality requirements contained in the Security and Confidentiality Plan and Disaster Prevention and Disaster Recovery/Business Continuity Plan have been met and shall illustrate how developed procedures ensure Contract compliance.
2. Visibly demonstrate, to CDHS, the existence of these factors within the Contractor's facilities.

B. Assumptions:

1. The Contractor shall prepare a comprehensive checklist of factors from the Security and Confidentiality Plan and Disaster Prevention and Disaster Recovery/Business Continuity Plan.
2. The Contractor shall provide walkthroughs to CDHS staff on all security and confidentiality factors, including but not limited to off-site storage of required documents and backup and recovery facilities.
3. The Contractor shall provide a facility tour to demonstrate all visible security factors for CDHS staff.
4. The Contractor shall apply and document corrective action(s) to any security and confidentiality factors CDHS determines to be inadequate.
5. This testing shall be satisfied if completed in the timeframe as agreed to by the Contractor and CDHS, and if CDHS evaluation documents that expected results were achieved. CDHS may repeat this testing if results are not satisfactory.

1.12.8.6 ACCEPTANCE TESTING EVALUATION RESPONSE

- A. The Contractor shall submit a written response to each Process Variance Request (PVR) for CDHS review and approval, within two (2) business days of receipt. The response shall include:
 1. A summary analysis of the PVR.
 2. Programs which are affected.
 3. A time frame for correction and resolution of each problem. CDHS shall have final approval of the time frame allowed for correction and resolution of each problem.
- B. CDHS shall review and approve or disapprove in writing the proposed resolution as well as determine the priorities for the process corrections.
- C. All deficiencies found during Acceptance Testing shall be corrected by the Contractor prior to the Assumption of Operations, unless otherwise approved in writing by CDHS. CDHS shall review those deficiencies caused by the incorrect applications of policy.
- D. The Contractor shall, at CDHS option, be required to repeat specified Acceptance Testing as a result of modifications applied by the Contractor in the resolution of PVRs.

1.12.8.7 ACCEPTANCE DECISIONS

- A. Prior to the Assumption of Operations, CDHS shall use Acceptance Testing results to determine if the Contractor is ready to assume HCO Operations.

Acceptance Testing and Contractor corrective actions shall continue until the Contractor is prepared to assume HCO Operations.

- B. The Contractor shall not assume HCO Operations until written CDHS approval of Contractor readiness for Assumption of Operations is provided.

1.12.9 EVALUATION OF ENROLLMENT/DISENROLLMENT PROCESSING MANUALS

The Contractor shall submit to CDHS new and/or updated manuals as agreed upon in the Takeover Work Plan schedule at CED. The Contractor shall, concurrently, submit to CDHS a list of those manuals requiring no development and/or revisions.

1.12.10 PROJECT MONITORING TOOLS

The Contractor shall submit the project management status reports format to the CDHS for review and approval three (3) months prior to Assumption of Operations.

1.12.11 PROCESS GROUP

Ensure the PG is fully staffed and operational one (1) week prior to Assumption of Operations.

1.13 QUALITY MANAGEMENT PROGRAM

1.13.1 QUALITY ASSURANCE PLAN

The Contractor shall update and submit for CDHS review and approval the Quality Assurance Plan, no later than one (1) month after the CED. This plan shall meet all the requirements described in the Exhibit A, Attachment II, Section 4, Quality Management Program, as well as demonstrate Contractor performance for all quantitative and qualitative standards as defined in the Contractor's Narrative Proposal. The plan shall also include a comprehensive list of all areas to be monitored as required by the Contract, and identify each area as either a "key" area or "non-key" area, the sampling and compliance testing methodology for each area and the sampling methodology for drawing a random sample of non-key areas to be monitored and/or compliance tested each month.

1.13.2 QUALITY ASSURANCE STANDARDS AND PROCEDURES MANUAL

The Contractor shall submit for CDHS review and written approval the Quality Assurance Standards and Procedures Manual, no later than three (3) months after CED. The standards and procedures described in the manual shall be implemented no later than one (1) month prior to Assumption of Operations. This manual shall incorporate the detailed procedures for all requirements described in the Exhibit A, Attachment II, Section 4, Quality Management Program.

1.13.3 CHANGE SUPPORT PROGRAM PLAN

The Contractor shall submit for CDHS review and written approval the Change Support Program Plan, no later than three (3) months after CED.

1.13.4 HCO OPERATIONS POLICY AND PROCEDURES MANUALS

This provision describes HCO Operations Policy and Procedures manuals that must be updated and revised, or where necessary, developed by the Contractor.

1.13.5 POLICY AND PROCEDURES MANUALS INSTALLATION PLAN

- A. One (1) month after the CED, the Contractor shall submit to CDHS, for review and written approval, a Policy and Procedures Manuals Installation Plan. The plan shall include narrative descriptions, detailed procedures, an implementation schedule, and a Gantt (or equivalent) chart of the Contractor's plan.
- B. The plan shall provide for a review of each existing procedures manual to determine:
 1. If the manuals are appropriate for the Contractor's operation of all functions relating to the HCO Operations.
 2. If the existing policy and procedures enable the Contractor to accomplish all contractual responsibilities.
 3. If any modification of existing, development of new, and/or consolidation of existing Policy and Procedures Manuals is necessary.
 4. Which manuals meet requirements of this Contract and which manuals require modification or updates. Submit detailed examples and lists of each that require revisions.

1.13.6 POLICY AND PROCEDURES MANUALS SUBMISSION

The Contractor shall, no later than two (2) months prior to Assumption of Operations:

1. Submit the manuals to the CDHS for review and written approval.
2. Ensure that CDHS staff is trained in the use of manuals, as requested by the CDHS.
3. Distribute, as directed by the CDHS, one (1) hardcopy of the approved manuals to CDHS.
4. Provide an attestation of whether the existing procedures are adequate for the Contractor to accomplish all contractual responsibilities.
5. Provide an attestation of whether any modification of existing, development of new, or consolidation of existing procedure manuals is necessary.

- a. If modifications are necessary, state, in detail, how the proposed modifications shall meet requirements of this Contract.
- b. Submit all revisions to CDHS for review and written approval, prior to implementation of the revisions.
- c. Distribute one copy of each revision(s), in a format to be determined by CDHS, to each of CDHS manual(s) users at no additional cost to CDHS after CDHS has given final approval to the updates.
- d. Be responsible for implementing the new and/or updated procedures.

1.14 PROBLEM CORRECTION PROCESS

1.14.1 PROBLEM CORRECTION PROCESS PLAN

- A. The Contractor shall develop and submit for CDHS review and approval the Problem Correction Process (PCP) Plan no later than three (3) months prior to Assumption of Operations. This plan shall meet all the requirements described in the Exhibit A, Attachment II, Section 5, Problem Correction Process, as well as describe the procedures to be followed in order to execute the Contractor's Problem Correction Process responsibilities as required in Exhibit A, Attachment II, Section 5, Problem Correction Process.
- B. At a minimum, this plan shall include:
 1. A description of the Contractor's procedures to document, track, maintain and update all Problem Statements (PSs) in the PCP tracking tool until final resolution.
 2. A description of the procedures the Contractor shall use to allow instant access to all approved users to the PCP tracking tool.
 3. A description of the procedures the Contractor shall use to implement the requirements as stated in Exhibit A, Attachment II, Section 5, Problem Correction Process.
 4. The submission of the PCP Manual.
 5. The submission of all PS forms for CDHS review and approval prior to use.
 6. A description of the types of problems and issues that fall into each category of PSs, as defined in Exhibit A, Attachment II, Section 5, Problem Correction Process.

1.15 REPORTS DISTRIBUTION LIST

The Contractor shall, at a minimum, meet all the requirements as specified in Exhibit A, Attachment II, Section 6, Reports.

1. The Reports Distribution List shall be submitted for CDHS review and written approval no later than two (2) months prior to Assumption of Operations.
2. The Contractor shall install CDHS-approved Reports Distribution List one (1) month prior to Assumption of Operations.

1.15.1 REPORT USERS MANUALS

- A. The Contractor shall submit the Report Users Manuals for CDHS review and approval three (3) months prior to Assumption of Operations.
- B. CDHS approved manuals shall be made available by the Contractor one (1) month prior to Assumption of Operations.
- C. The Contractor shall submit updated or developed, as necessary, the Report Users Manuals, for all Enrollment/Disenrollment Processing and/or HPE Process Operations and/or reports three (3) months prior to Assumption of Operations. These manuals shall be developed and/or updated incorporating all General Responsibilities as they relate to reports, as addressed in this Takeover Requirements section and as specified in Exhibit A, Attachment II, Section 6, Reports, along with the Reports Users Manuals that were developed by the prior contractor.

1.16 RECORDS RETENTION

1.16.1 RECORDS RETENTION AND RETRIEVAL PLAN

- A. The Contractor shall submit updates to the Records Retention and Retrieval Plan for CDHS review and approval no later than four (4) months prior to Assumption of Operations. This plan shall describe the procedures to be followed in order to execute the Contractor's record retention and retrieval responsibilities as required in Exhibit A, Attachment II, Section 7, Records Retention and Retrieval.
- B. At a minimum, this plan shall include:
 1. A description of the Contractor's procedures to ensure the preservation, protection, and maintenance of all HCO Program records that are a part of, or result from, HCO Operations under this Contract or have been transferred to the Contractor.
 2. The procedures the Contractor shall undertake to ensure the replication of acceptable copies of HCO Program records, in the format agreed upon by CDHS.
 3. A description of the procedures the Contractor shall utilize to provide access, retrieval, review and certification of HCO Program records. This portion of the Contractor's plan shall describe the design and compilation of a Master Index of Records to assist in the location and retrieval of records.

4. The name of the specific office or position within the Contractor's organization that shall be responsible for executing the Contractor's records retention responsibilities.

1.16.2 IMPLEMENTATION OF RECORDS RETENTION AND RETRIEVAL FUNCTION

The Contractor shall:

- A. Implement the CDHS-approved Record Retention and Retrieval Plan and perform the responsibilities of custodianship of the HCO Program records immediately upon the Assumption of Operations. A complete description of these responsibilities is contained in Exhibit A, Attachment II, Section 7, Records Retention and Retrieval.
- B. Submit to CDHS for review and approval a copy of the Master Index of Records no later than one (1) month prior to Assumption of Operations. The Master Index shall list, at minimum, all items under the custodianship of the Contractor, their volume, their medium, and whether they are complete in terms of the period of time required as described in Exhibit A, Attachment II, Section 7, Records Retention and Retrieval.
- C. Submit proposed Document Management Process specifications to CDHS for review and approval two (2) months prior to Assumption of Operations. Implement the CDHS-approved Document Management Process one (1) month prior to Assumption of Operations.
- D. Prepare and submit to CDHS for review and approval a copy of the Records Retention and Retrieval Policy and Procedures Manual no later than three (3) months prior to Assumption of Operations.
- E. Develop and submit to CDHS for review and approval a Records and/or Files Summary to include a brief description of all records and/or files maintained during this Contract. The first Records and/or Files Summary shall be submitted to CDHS at Assumption of Operations. The summary shall be maintained, updated, produced, and resubmitted to CDHS for review and approval on a quarterly basis thereafter, throughout the term of the Contract.

1.17 SECURITY AND CONFIDENTIALITY PLAN

The Contractor shall:

- A. Submit to CDHS for review and approval a Security and Confidentiality Plan, within one (1) business day after CED. The plan shall meet the requirements as specified in the Exhibit A, Attachment II, Section 8, Security and Confidentiality.
- B. Implement the Security and Confidentiality Plan two (2) weeks after CED.
- C. Treat all information supplied by CDHS during Takeover, Assumption of Operations, Operations and Turnover as confidential, subject to protection identified in the Security and Confidentiality Plan.

1.18 DISASTER PREVENTION AND DISASTER RECOVERY/BUSINESS CONTINUITY PLAN

The Contractor shall:

- A. Update and submit for CDHS review and approval the Disaster Prevention and Disaster Recovery/Business Continuity Plan no later than four (4) months prior to Assumption of Operations. This plan shall incorporate, but not be limited to, the Disaster Prevention Procedures and Disaster Back-Up and Disaster Recovery/Business Continuity Procedures, as well as all requirements described in the Exhibit A, Attachment II, Section 9, Disaster Prevention and Disaster Recovery/Business Continuity.
- B. Ensure that any storage of back-up operating instructions, procedures and reference files shall begin one (1) month after CED.
- C. Submit procedures for updating off-site materials to CDHS for review and written approval four (4) months prior to Assumption of Operations.
- D. Identify a back-up facility(ies) that can process all HCO Operations requirements four (4) months prior to Assumption of Operations. This facility(ies) shall meet all Contract requirements as stated in the Exhibit A, Attachment II, Section 9, Disaster Prevention and Disaster Recovery/Business Continuity.

1.19 HEALTH PLAN ENROLLMENT PROCESS

The requirements in this subsection, 1.19 Health Plan Enrollment Process, are required if an automated system is proposed and accepted as part of the Contract. These requirements are in addition to, and shall not supersede, the requirements established in Exhibit A, Attachment I, II and III.

1.19.1 HEALTH PLAN ENROLLMENT PROCESS COMPLIANCE PLAN

Two (2) weeks after CED, the Contractor shall submit for written CDHS approval an Health Plan Enrollment (HPE) Process Compliance Plan for bringing the HPE Process functions into full compliance with the standards and requirements in Exhibit A, Attachment II, Section 10, Health Plan Enrollment Process.

1.19.2 HPE PROCESS PROCEDURES AND SYSTEMS GROUP ORGANIZATION MANUAL

The Contractor shall submit for CDHS review and approval the HPE Process Procedures and Systems Group (SG) Organization Manual three (3) months prior to Assumption of Operations. This manual shall be submitted with the requirements as stated in Exhibit A, Attachment II, Section 10, HPE Process.

1.19.3 CDHS ACCESS TO SYSTEMS

The Contractor shall ensure the CDHS access shall begin at CED, per Exhibit A, Attachment II, Section 10, HPE Process.

1.19.4 DATA DICTIONARY USERS GUIDE

- A. The Contractor shall submit to CDHS for review and approval prior to Acceptance Testing the Data Dictionary Users Guide. The Users Guide shall describe, at a minimum, the following:
 - 1. The operation and capabilities of the Data Dictionary.
 - 2. Information available to users of the Data Dictionary and how users access and retrieve this information.
 - 3. Examples and explanations of screens encountered by users.
 - 4. Information regarding additional assistance available from the Contractor to users during online sessions.
 - 5. Glossary and a brief explanation of all commands.
 - 6. Interaction of the Data Dictionary with the rest of the HPE Process.
- B. The Data Dictionary Users Guide shall completely describe the Contractor's practices and procedures in updating and maintaining the Data Dictionary, as required in Exhibit A, Attachment II, Section 10.6, Systems Development Guidelines. The activities required to install the Data Dictionary electronically shall be incorporated into the Software Installation and the File Installation Plans.

1.19.5 DATA FILES

1.19.5.1 DATA FILE LAYOUT DESCRIPTIONS MANUAL

The Contractor shall submit two (2) weeks after CED a Data File Layout Descriptions Manual. The manual shall include a narrative of the Data File including the purpose, logical function, and processing intent. A brief narrative describing each record type and a schematic of all record types shall be included.

1.19.5.2 DATA FILE INSTALLATION PLAN

- A. The Contractor shall submit a Data File Installation Plan to CDHS for review and approval two (2) weeks after CED.
- B. If an automated solution is proposed, the plan shall, at a minimum, describe:
 - 1. Installation dates for each file.
 - 2. Availability of computer hardware and system software to enable installation.
 - 3. Storage media for files.
 - 4. Interdependencies with other Takeover tasks and contingencies for problems or delays. This shall include the files needed to support each Takeover task,

including Integrated Testing, Acceptance Testing and the various components of the HCO Operations.

5. Procedures for installation of files, including file conversions and considerations for files with additional history during Takeover.
6. Procedures for generating files for transmittal to CDHS and other entities.

1.19.5.3 INSTALLATION OF DATA FILES

- A. Testing files will be made available to the Contractor for testing prior to the required installation date. Communication protocols, line configuration, communication software, etc., shall be determined by CDHS during Takeover.
- B. Utilizing the Data File Installation Plan the Contractor shall:
 1. Accept, install, and utilize CDHS supplied files or production files for Acceptance Testing.
 2. Install all files necessary to assume HCO Operations and systems, no later than three (3) business days after receipt of same by the Contractor.
 3. Install and update the following specific files which require special consideration prior to the startup of HCO Operations processing functions.
 4. Accept MEDS transactions one (1) month prior to Assumption of Operations. The Contractor shall receive MEDS data through a link to Department of Technology Services (DTS).
 5. Accept and install the history files from the prior contractor prior to the Assumption of Operations, as well as receive and process weekly updates from the prior contractor until the end of the prior contract.
 6. Maintain its own history files beginning with Assumption of Operations.
 7. Accept and install all data files and records of all enrollments and disenrollments authorized by the prior Contractor, immediately prior to Assumption of Operations and utilize this file for editing new enrollment and disenrollment requests to avoid duplicates after Assumption of Operations.
- C. For all of the above files, the Contractor shall submit appropriate reports to CDHS in compliance with the requirements of Exhibit A, Attachment II, Section 6, Reports.

1.19.5.4 DATA FILES DURING ASSUMPTION OF OPERATIONS

- A. Various files, as described in the Exhibit A, Attachment II, Section 10, HPE Process, shall be transferred from the prior contractor for use in this Contract. Installation of these files shall occur within three (3) business days after receipt by the Contractor.

B. The Contractor shall:

1. Update or merge newly transferred files with prior files that the Contractor has already installed and has been maintaining.
2. Process any residual enrollments, disenrollments and exception request forms transferred at the end of the prior contractor's contract.
3. Accept and install all files that CDHS may designate as part of the responsibilities of the assumption of the residual inventories from the prior contractor.
4. Transfer and maintain all weekly, monthly, and yearly history files in order to maintain complete records and have the files readily accessible to re-create history.

1. 19.6 INTEGRATED TESTING

1.19.6.1 INTEGRATED TESTING PLAN

A. The Contractor shall:

1. Update and submit the Integrated Testing Plan for CDHS review and approval one (1) month after the CED.
2. Describe the method(s) of testing all manual and automated segments of the HCO Operations as well as scheduled testing dates.
3. Progressively test each program within the HCO Operations as well as the collective system integrating all parts of the system.

B. The Contractor's Integrated Testing Plan shall:

1. Clearly define, uniquely identify, and independently schedule each testing to be performed.
2. Define Integrated Testing documentation standards and provide for inclusion of initial and subsequent testing results and storage of all testing documentation in a central location in a manner easily accessible and retrievable by CDHS monitoring staff.
3. Relate testing to the HPE Process design documentation and overall Contract requirements.
4. Review manual, administrative support, and operating procedures with direct links to the HPE Process. Validate Quality Management Process procedures for setting accuracy and error levels and for monitoring compliance.
5. Define the methodologies and procedures for identifying and tracking areas of unacceptable performance and the CAP applied to deficiencies. These

methodologies and procedures shall include steps for CDHS review and approval during the problem identification/tracking and CAP processes, and provisions for daily written notification to CDHS when problems are identified.

6. Identify the number, classification, and names of key staff responsible for each testing, including Contractor staff responsible for communication with CDHS during Integrated Testing and staff responsible for the Quality Assurance (QA) Integrated Testing team. The QA Integrated Testing team shall be employed one (1) month after CED.
7. Include actual testing scenarios along with expected results.
8. Specify the criteria the Contractor will use in determining the completion of each Integrated Testing activity.

1.19.6.2 INTEGRATED TESTING EXECUTION

A. The Contractor shall:

1. With the participation of CDHS staff, execute the Integrated Testing Plan, make corrections, and keep CDHS informed on the status of all tasks and activities identified in the plan.
2. Provide office space for up to ten (10) CDHS staff during Integrated Testing (see Exhibit E, Additional Provisions, Section 41.H, On-Site Monitoring and Audit Staff, and Exhibit A, Attachment II, Section 10, HPE Process).
3. Prepare for Integrated Testing activities, including but not limited to:
 - a.. Create testing files with predetermined sets of data to ensure proper testing of all testing scenarios.
 - b. Install system software and hardware.
 - c. Prepare and install the HPE Process and supporting processes.
4. Test all aspects of the HCO Operations, to include but not limited to:
 - a. Validating all system programs to conform to specifications, Contract requirements and Exhibit A, Attachment II, Section 10.12, System Design Standards.
 - b. Validating that processing cycle times meet CDHS requirements.
 - c. Testing system performance and system capacity.
 - d. Verifying that online response times meet CDHS requirements.
 - e. Executing steps of the HPE Process to verify operating procedures and Contract requirements.

- f. Testing all HPE Process reports and output.
- 5. Develop and conduct parallel testing of HCO Operations and HPE Process processing functions that parallel the prior contractor's processing functions. Testing shall be conducted during Integrated Testing and CDHS Acceptance Testing Phases of Takeover.
- 6. Simulate disaster conditions and execute recovery procedures, including availability and use of the backup facility(ies) to test the Disaster Prevention and Disaster Recovery/Business Continuity Plan.
- 7. Monitor and report testing results to CDHS, to include:
 - a. Execution of all other procedures supporting the system functions. This includes, but is not limited to, input preparation, data entry, control functions, enrollment/disenrollment and exception to plan enrollment request processing, and customer service functions.
 - b. Conducting weekly status meetings with CDHS to discuss overall status as well as identify areas of unacceptable performance, corrective action(s) to be taken and areas where performance is acceptable.
 - c. Conducting walkthroughs and submit documentation showing the Contractor's results of each testing scenario. Additional documentation and related materials requested by CDHS shall be submitted no later than one (1) business day after the request.
- 8. Submit a written certification to CDHS prior to CDHS Acceptance Testing indicating the following:
 - a. Certification of the preparedness to begin full HCO Operations based on the successful completion of Integrated Testing.
 - b. Submission of a report detailing Integrated Testing results to support the readiness of HCO Operations for CDHS Acceptance Testing.
- B. Completion of Integrated Testing is subject to CDHS review and approval. If CDHS does not approve the Integrated Testing results, the Contractor shall continue its Integrated Testing as directed by CDHS.
- C. The Contractor may continue the Integrated Testing after the date of the Contractor certification to CDHS of readiness for CDHS Acceptance Testing, and/or the date of written CDHS approval of Contractor completion of Integrated Testing. Any changes made by the Contractor shall be identified, systems tested following the rules and guidelines of this section, and moved into Acceptance Testing after approved by CDHS.
- D. The Contractor shall:

1. Using the Problem Correction Process (PCP), fully document all deficiencies found by the Contractor and/or CDHS during and after the installation of the HPE Process and/or Integrated Testing. CDHS shall determine whether a deficiency exists and, if so, whose responsibility the deficiency is and how the deficiency is to be corrected.
 - a. If the deficiency is determined to be CDHS responsibility.
 1. CDHS shall determine whether the Contractor can implement the corrected change.
 2. If it is determined that the Contractor can correct the deficiency for which CDHS is responsible, the work shall be performed by the SG and shall be billable to CDHS. The Contractor shall correct all known HCO Operations deficiencies prior to completion of Integrated Testing.
 - b. If the deficiency is determined not to be CDHS responsibility, the Contractor shall perform the work to correct said deficiency and shall not invoice CDHS for the work performed.
2. Upon completion of Integrated Testing, accept the HCO Operations “as is” and shall be responsible thereafter for any pre-existing deficiencies.

1.19.7 ACCEPTANCE TESTING

A. The Contractor shall:

1. Prior to Acceptance Testing, resolve inconclusive and/or incomplete areas of Integrated Testing identified by CDHS. CDHS Acceptance Testing will place emphasis on the proficiency of the Contractor’s staff in performing HCO Operations including both automated and manual procedures, and on the adequacy of the Contractor’s computer resources to conduct all HCO Program functions. Assumption of Operations shall not be permitted until CDHS approves, in writing, completion of Acceptance Testing.
2. Execute all Acceptance Testing as directed by CDHS. Acceptance Testing of processes shall be comprehensive to accomplish the following objectives:
 - a. Ensure the transferred HCO Operations and processes are in accordance with Contractual requirements and that any differences between the Contractor’s results and the results from the existing incumbent system can be explained as a higher level of compliance with these requirements.
 - b. Ensure that integrity has been maintained with regard to established standards and acceptable data processing techniques.

- c. Ensure a smooth transition of all HCO Operations at Assumption of Operations while ensuring that the transition remains transparent to health plans, beneficiaries, applicants and system users.
- d. Ensure that the Contractor's operation of the HPE Process functionality is ready for processing at Assumption of Operations.
- e. Identify where the HCO Operations do not conform to program policies and procedures in order to ensure correction of any system deficiencies.

1.19.7.1 ACCEPTANCE TESTING SUPPORT PLAN

The Contractor shall submit an Acceptance Testing Support Plan to CDHS for review and approval three (3) months after CED. The plan shall:

- 1. Allow at least eight (8) business days for CDHS Acceptance Testing and other requirements included in CDHS plan.
- 2. Describe the Acceptance Testing Support Plan that the Contractor shall provide to CDHS. For each testing described below, the Contractor resources allocated to the testing shall include staffing by organizational unit, computer hardware, and support equipment.
- 3. Include a full description of how the Contractor shall perform and fulfill its backup and recovery responsibilities in compliance with all requirements of this Contract.
- 4. Define the methodologies and procedures for identifying and tracking areas of unacceptable performance and the CAP applied to deficiencies. These methodologies and procedures shall include steps for CDHS review and approval during the problem identification/tracking and CAP processes, and provisions for daily written notification to CDHS when problems are identified.
- 5. Describe the process and schedule for conducting the final parallel testing.

1.19.7.2 ACCEPTANCE TESTING RESPONSIBILITIES

- A. The Acceptance Testing shall occur prior to Assumption of Operations with enough time to provide CDHS at least eight (8) business days for testing as well as to certify the results of testing and preparation of system implementation. Acceptance Testing shall follow completion of Integrated Testing, certification by the Contractor that the HCO Operations is ready for Acceptance Testing, and CDHS review of the Contractor's Integrated Testing results. The Contractor shall continue to provide office space for ten (10) on-site CDHS staff during Acceptance Testing.
- B. During Acceptance Testing, the Contractor shall conduct its second of two (2) parallel testings of the HCO Operations and HPE Process with the prior contractor. The results of the testing shall be submitted to CDHS for review and approval and shall serve as input to CDHS Acceptance Testing decisions on

Contractor readiness to assume full operation of the HCO Operations. If either or both of the parallel testing fail to show the Contractor is capable of processing with the same results as the prior contractor or if the Contractor encounters problems, the testing(s) shall be rerun until CDHS approves in writing the results.

C. The Contractor shall:

1. Review CDHS Acceptance Testing Plan as well as their plan to ensure all elements of the facility(ies), staff, hardware, software, and other resources required for Acceptance Testing are operational and ready.
2. Provide a separate Testing Unit to provide ongoing testing capabilities and support to CDHS, for both the period of Acceptance Testing and for the period of ongoing operations under the Contract. This Testing Unit shall include all necessary resources to support such a unit including, but not limited to, adequate hardware, software, physical facility(ies) and knowledgeable personnel.
3. Perform Acceptance Testing functions as directed by CDHS within the time frames established by CDHS. The Contractor shall maintain open communication with CDHS during testing, and shall provide walk-throughs to CDHS staff on specified testing, upon request.
4. Submit to CDHS for review and approval all Acceptance Testing documentation, including files, reports and individual enrollment, disenrollment and exemption data necessary to validate testing results. These materials shall be submitted to CDHS no later than one (1) business day following testing execution. The Contractor shall submit to CDHS a list of such testing documentation each week.
5. Respond to and correct all problems identified by CDHS as a result of the Acceptance Testing within twenty-four (24) hours of notification. The Contractor shall repeat Acceptance Testing until criteria defined by CDHS are met and satisfied.
6. Maintain the Acceptance Testing environment to reflect those of the production environment. These Acceptance Testing files, processes/programs, etc., will be used to conduct Acceptance Testing of all system changes that occur during the HCO Operations period of this Contract.
7. For the entire Takeover Acceptance Testing period as well as the HCO Operations period of the Contract:
 - a. Provide a separate testing environment for Acceptance Testing purposes.
 - b. Create and maintain testing history files for Acceptance Testing purposes only.

- c. Specify migration schedule for program “fixes” from the Integrated Testing environment to the Acceptance Testing environment and migrate only after CDHS review and written approval.
 - d. Create and maintain Acceptance Testing access to MEDS and other support files according to CDHS direction.
- 8. Ensure all Acceptance Testing on manual and automated segments of the Contractor’s operation shall be performed with the same equipment to be used for full HCO Operations.
 - 9. Ensure that Contract staff with appropriate classifications and training to support testing shall be in place prior to the start of Acceptance Testing. Contractor management and technical staff may not be used for manual operations processing activities.
 - 10. Perform volume, stress and parallel testing as directed by CDHS, to demonstrate the ability to process expected HCO Program workloads accurately within prescribed time frames.
 - 11. Where appropriate, ensure testing shall be scheduled concurrently so that Acceptance Testing can progress more rapidly.
 - 12. Ensure that CDHS staff shall have access to all HPE Process facility(ies), equipment, software, files, and other materials covered by this Contract, in support of any tasks related to testing. Such access shall include the use of on-line terminals to access any system related data.

1.19.7.3 ACCEPTANCE TESTING - CDHS RIGHTS

During Acceptance Testing, CDHS reserves the right to:

- A. Take the primary role in the evaluation of Acceptance Testing. The Contractor shall participate in the evaluation as directed by CDHS. The evaluation process will compare expected results against the actual testing results. Any problems found during testing shall be resolved as described in this Takeover Section.
- B. Reduce the scope of Acceptance Testing if the Contractor can adequately demonstrate preparedness for Assumption of Operations, or expand levels of testing where CDHS determines additional testing is needed.
- C. Continue testing and monitoring until all testing System Variance Reports (SVRs) identified during Acceptance Testing have been resolved. The Contractor shall provide all necessary support. All deficiencies are to be corrected by the Contractor.
- D. CDHS may continue testing the system and processes after the Assumption of Operations in order to identify and ensure correction of any remaining deficiencies, or as part of CDHS ongoing monitoring of the SG testing. Upon completion of the Takeover Acceptance Testing, the Contractor shall maintain

and make those testing files available to CDHS staff for Acceptance Testing of system changes during the HCO Operations period of this Contract.

1.19.7.4 ACCEPTANCE TESTING CATEGORIES

- A. The Contractor shall ensure adequate testing of all aspects of the HCO Operations and supporting processes. Acceptance Testing is split into several categories. Each main category of Acceptance Testing shall be subdivided into segments to provide for selected testing of all elements (these shall be defined in CDHS detailed Acceptance Testing Plan).
- B. The main categories and related general testing activities are described as follows:
 - 1. System Related Testing
 - a. Each functional area of the HPE Process described in the Scope of Work shall be thoroughly tested.
 - b. Each supporting system (such as the PCP) shall be thoroughly tested to ensure each process is operating as designed.
 - 2. Manual Operations
 - a. Manual operations include, but are not limited to, input preparation, data entry, forms processing, customer service functions, research operations, mailroom functions and all other operational areas. All manual processes shall be tested. Input and/or output activities and functions performed by any other Contractor Organizational Unit shall be included in the manual operations Acceptance Testing process.
 - b. Input preparation shall be tested from receipt of all inputs in the mailroom through sorting, batching, numbering, scanning, and controlling, to submission of data entry, to records retention and retrieval responsibilities. Outputs from data entry shall be examined.
 - 3. Automated Processing
 - a. Automated processing includes all online automated processes performed on the Contractor's computer and all processing of documents from receipt through completion of the transaction (such as enrollment, disenrollment or exemption).
 - b. All transactions submitted to outside entities shall be tested with the appropriate organization to ensure proper transmission of data.
 - c. All transactions supported by the HPE Process shall be tested with both valid and invalid data. All forms of input data and processing cycles shall be tested to ensure that appropriate files are updated. Files, reports, and

screens produced by each process shall be examined for conformity to design requirements.

4. Technical Operations

- a. Technical operations include all factors associated with computer job submission and operation and/or maintenance of the Contractor's computer equipment and operating system software. This category also includes simulated testing of CDHS network interface with the Contractor's computer center.
- b. Manual procedures shall be analyzed, operator logs shall be reviewed, and general HCO Operations testing shall be run. The ability of the Contractor to adequately perform the required work is subject to CDHS evaluation.

1.19.7.5 SELECTED ACCEPTANCE TESTING SCENARIOS

1.19.7.5.1 ON-LINE FUNCTIONS TESTING

A. CDHS and Contractor staff shall:

1. Enter transactions supported by the HPE Process data entry functions, to include, but not limited to, form entry and processing, beneficiary tracking information entry, and research processing.
2. Submit transactions to test all variations of input.
3. Check all input and output screens, and outputs required by transactions requests shall be produced.

B. Assumptions:

1. All HPE Process hardware and software shall be fully installed before the start of Acceptance Testing.
2. Key Contractor staff from each organizational unit shall be allocated for the on-line functionality testing.
3. Sufficient Contractor staff who meet CDHS proficiency standards shall be allocated to enable turnaround of CDHS submitted testing within the timelines defined in this Contract.
4. Sufficient computer hardware and other support equipment shall be allocated to ensure turnaround of the testing within the timelines defined in this Contract.

1.19.7.5.2 VOLUME, STRESS AND PARALLEL TESTING

- A. CDHS shall provide the Contractor with documents or files to simulate some or all of a full business day's worth of HCO Operations and HCO process production functions.
- B. The Contractor shall:
 - 1. Demonstrate the ability to process the files, from start to finish, within specified time limits.
 - 2. Perform parallel testing of the system prior to the Assumption of Operations.
 - 3. Conduct parallel testing during Acceptance Testing. The results of testing shall be reviewed and approved by CDHS.
- C. Assumptions:
 - 1. Key Contractor staff from each organizational unit shall be allocated for this testing.
 - 2. Sufficient Contractor staff who meet CDHS proficiency standards shall be available to ensure testing completion within three (3) business days. The Contractor shall be prepared to handle daily, weekly, and monthly volumes for evaluation purposes.
 - 3. Sufficient computer hardware and support equipment shall be allotted to ensure turnaround for this testing within the timelines defined in this Contract.
 - 4. The Contractor shall install parallel HPE Process files to perform the parallel testing.
 - 5. This testing shall include automated processes.
 - 6. This testing shall be satisfied if completed on a timely basis as agreed to in writing by the Contractor and CDHS, and CDHS evaluation shows that expected results were achieved. CDHS may repeat this testing if results are not satisfactory.
 - 7. The Contractor shall compare the output of each testing and determine any discrepancies that exist and the source of those discrepancies.

1.19.7.5.3 GENERAL HPE PROCESS ACCURACY TESTING

- A. CDHS shall provide the Contractor with documents designed primarily to test the HPE Process validity of data and accuracy of deliverables for all business functions for the various HCO Operations.

- B. Invalid data shall be used to check the accuracy of rejection and error notification routines. Valid data shall be used to ensure that transactions meeting the validation criteria result in appropriate actions.
- C. The Contractor shall execute the accuracy testings as directed by CDHS.
- D. Assumptions:
 - 1. All HCO operations shall be fully implemented as agreed upon in project schedule.
 - 2. Key Contractor staff from each organizational unit shall be allocated for this series of accuracy evaluations.
 - 3. Sufficient Contractor staff who meet CDHS proficiency standards shall be allocated to enable turnaround of CDHS-submitted evaluations within the timelines defined in this Contract.
 - 4. Sufficient resources shall be allocated to ensure turnaround of the evaluations within the timelines defined in this Contract.
 - 5. This series of evaluations shall apply to all processes.
 - 6. Contractor staff shall be prepared to perform all corrections and documentation of any process deficiencies that are found, in the timeframes specified by this Contract.
 - 7. Any portion of the process where deficiencies were found shall be subject to retesting.
 - 8. This series of accuracy evaluations shall be successfully satisfied when CDHS approves of the HCO Operations accuracy.

1.19.7.5.4 CONTRACTOR STAFF PROFICIENCY TESTING

- A. The Contractor shall:
 - 1. Test all HCO Program components, including, but not limited to, file processing, forms processing, mailing operations, mailroom operations, TCC operations, presentations, materials development, inventory operations, correspondence with beneficiaries, health plans and other interested parties, quality assurance functions, problem corrections system, reports functions, record retention functions, security and confidentiality functions, and disaster prevention functions.
 - 2. Demonstrate proficiency in all areas of the HCO Program process.
 - 3. Demonstrate proficiency in communicating with CDHS staff in a variety of situations, per the requirements as specified in this Contract.

B. Assumptions:

1. Key Contractor staff from each organizational unit shall be allocated for this testing.
2. Sufficient Contractor staff who meet CDHS proficiency standards shall be available to ensure testing completion within three (3) business days.
3. Sufficient resources shall be allotted to ensure turnaround for this testing within the timelines defined in this Contract.
4. This testing shall include all processes.

1.19.7.5.5 SECURITY AND CONFIDENTIALITY TESTING AND DISASTER PREVENTION AND DISASTER RECOVERY/BUSINESS CONTINUITY TESTING

A. The Contractor shall:

1. Demonstrate how the security and confidentiality requirements contained in the Security and Confidentiality Plan and Disaster Prevention and Disaster Recovery/Business Continuity Plan have been met and shall illustrate how developed procedures ensure Contract compliance.
2. Visibly demonstrate, to CDHS, the existence of these developed procedures within the Contractor's facilities.

B. Assumptions:

1. The Contractor shall prepare a comprehensive checklist of factors from the Security and Confidentiality Plan and Disaster Prevention and Disaster Recovery/Business Continuity Plan.
2. The Contractor shall provide walkthroughs to CDHS staff on all security and confidentiality factors, including but not limited to off-site storage of required documents and backup and recovery facilities.
3. The Contractor shall provide a facility tour to demonstrate all visible security factors for CDHS staff.
4. The Contractor shall apply and document corrective action(s) to any security and confidentiality factors CDHS determines to be inadequate.
5. This testing shall be satisfied if completed in the timeframe as agreed to by the Contractor and CDHS, and if CDHS evaluation documents that expected results were achieved. CDHS may repeat this testing if results are not satisfactory.

1.19.7.6 ACCEPTANCE TESTING EVALUATION RESPONSE

- A. The Contractor shall submit a written response to each System Variance Request (SVR) for CDHS review and approval, within two (2) business days of receipt. The response shall include:
 - 1. A summary analysis of the SVR.
 - 2. Programs which are affected.
 - 3. A time frame for correction and resolution of each problem. CDHS shall have final approval of the time frame allowed for correction and resolution of each problem.
- B. CDHS shall review and approve or disapprove in writing the proposed resolution as well as determine the priorities for the system corrections.
- C. All deficiencies found during Acceptance Testing shall be corrected by the Contractor prior to the Assumption of Operations, unless otherwise approved in writing by CDHS. CDHS shall review those deficiencies caused by the incorrect computer applications of policy.
- D. The Contractor shall, at CDHS option, be required to repeat specified Acceptance Testing as a result of modifications applied by the Contractor in the resolution of SVRs.

1.19.7.7 ACCEPTANCE DECISIONS

- A. Prior to the Assumption of Operations, CDHS shall use Acceptance Testing results to determine if the Contractor is ready to assume HCO Operations. Acceptance Testing and Contractor corrective actions shall continue until the Contractor is prepared to assume HCO Operations.
- B. The Contractor shall not assume HCO Operations until written CDHS approval of Contractor readiness for Assumption of Operations is provided.

1.19.8 EVALUATION OF HPE PROCESS MANUALS

For those manuals needing development and/or revision, the Contractor shall submit to CDHS new or updated manuals as agreed upon in project schedule at CED. The Contractor shall, concurrently, submit to CDHS a list of those manuals requiring no development and/or revisions.

1.19.9 PROJECT MONITORING TOOLS

The Contractor shall submit the project management status reports format to the CDHS for review and approval three (3) months prior to Assumption of Operations.

1.19.10 SYSTEMS GROUP

Ensure the SG is fully staffed and operational one (1) week prior to Assumption of Operations.

1.20 FINANCIAL MANAGEMENT

The Contractor shall:

- A. Submit the Financial Management Manual for CDHS review and approval one (1) month after CED. The manual shall meet the requirements and include the accounting procedures and processes described in Accounting Requirements in Exhibit E, Additional Provisions, Section 3. These procedures and processes shall classify expenses by Takeover, Scope of Work, Additional Contractual Services, Amendments, Change Orders, Hourly Reimbursement, Cost Reimbursement and Turnover. Each of these major classifications of expenses shall be further broken down by:
 - 1. Personnel time reporting.
 - 2. Ordering and paying for goods and services.
 - 3. Cost accounting services.
 - 4. Allocation of corporate overhead.
 - 5. Accounting ledgers.
- B. Submit a Cost Reimbursement Plan for CDHS review and approval three (3) months prior to Assumption of Operations. This plan shall include, at a minimum, a narrative of the Contractor's activities in cost reimbursable areas during Takeover, Operations and Turnover, and the information specified in Exhibit B, Attachment I, Special Payment Provisions.
- C. Submit updated specifications and report layouts for both the Estimated Expenses and Actual Expenses Reports for CDHS review and approval three (3) months after CED, as specified in Accounting Requirements in Exhibit E, Additional Provisions.

1.21 OTHER ADMINISTRATIVE PROCEDURES

- A. The Contractor shall develop any and all administrative procedures required for Takeover of the Contract and to perform HCO Operations. These include, but are not limited to, such areas as budgeting and financial issues, personnel, inventory and acceptance of CDHS cost-reimbursed, purchased and/or leased hardware, software and equipment, and computer operations. All administrative procedures required for Assumption of Operations of the HCO Program shall be submitted for CDHS review and approval no later than two (2) months prior to Assumption of Operations.

- B. The Contractor shall submit the names and resumes of the person(s) who are employed as the Information Security Officer and the Privacy Officer, as required in Additional Provisions, Exhibit E, 15.A.4, two (2) months prior to Assumption of Operations.

1.22 ASSUMPTION OF OPERATIONS

This provision discusses the transfer of HCO Operations responsibilities to take place during Takeover, and defines the time frame for overlapping processing periods of this Contract and the prior contractor's responsibilities.

1.22.1 HCO OPERATIONS

The Contractor shall:

- A. Receive a copy of all files pertaining to activities of the prior contractor one (1) week prior to the Assumption of Operations.
- B. Accept responsibility for the Post Office boxes at Assumption of Operations.
- C. Accept responsibility for the Telephone Call Center (TCC) toll-free telephone line(s) at Assumption of Operations.

1.22.2 TWO-WAY FILE TRANSFER

Two-way file transfer is a process by which the prior contractor transfers all files necessary for HCO Operations to the Contractor. The two-way file transfer shall be implemented prior to testing activities. This transfer includes, but is not limited to, the following:

- A. Utilizing the files necessary for the Assumption of Operations of all HCO Program activities, in accordance with the requirements in this section.
- B. Testing the two-way file transfer for the process testing, acceptance testing and operational environments as outlined in testing plans.

1.22.3 FILE MAINTENANCE

The Contractor shall:

- A. Maintain all files, including receipt of data, from the prior contractor through the end of the prior contractor's Turnover period.
- B. Beginning with the Assumption of Operations, implement the record retention responsibilities.
- C. At the time of receipt of processing data from the prior contractor, uniquely identify each transaction as processed by the prior contractor.

1.23 TAKEOVER COMPLETION

The Takeover Phase shall be considered completed and the Contractor's Takeover responsibilities accomplished upon the conclusion of the following items as approved in writing by CDHS:

- A. Complete implementation of all plans and activities required in this section of the Contract.
- B. CDHS acceptance and written approval of all Takeover deliverables.
- C. Correction, to the satisfaction of CDHS, of all errors and/or deficiencies identified during User Acceptance Testings, and verification and approval of such corrections by CDHS.
- D. Successful operation of all manual and automated activities of the HCO Operations for all activities during Takeover.
- E. Receipt of all residual inventory and residual records from the prior contractor and the processing of all inventory and storage of all records for retrieval.
- F. Receipt and implementation of all information files produced by the prior contractor during Takeover.